

THE ROLE OF FOOD GARDENS IN MITIGATING THE
VULNERABILITY TO HIV-AIDS OF RURAL WOMEN IN
LIMPOPO, SOUTH AFRICA

by

ENNIAH MATEMANE LEKGANYANE

submitted in part fulfilment of the requirements for the degree for

MASTERS OF ARTS

in the subject

SOCIOLOGY (SOCIAL BEHAVIOUR STUDIES IN HIV/AIDS)

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: DR GE DU PLESSIS

CO-SUPERVISOR: MR L ROETS

JUNE 2008

DECLARATION

I declare that this dissertation is my own, original work undertaken in partial fulfilment of my degree. I have made no use of sources, materials or assistance other than those which have been openly and fully acknowledged in the text.

.....

Enniah Matemane Lekganyane

2008. 06.30

DEDICATION

This work is dedicated to all members of my family.

ACKNOWLEDGEMENTS

Firstly, I thank God my creator who gave me strength to pursue this degree. Secondly, I thank my supervisors Dr Gretchen Du Plessis and Mr Leon Roets for their academic supervision, guidance and support, and their encouragement that led to the successful completion of this study. I wish to thank all of my family members for their motivation and inspiration during the writing of this dissertation. I also want to thank Marie and Maki for their moral and technical support. Lastly, I thank Lesibana, my editor who has helped me in editing this work.

SUMMARY

The purpose of this study was to investigate the role of food gardens in influencing the vulnerability of women in rural communities to HIV-infections.

The study was conducted at the Makotse Women's Club in rural Limpopo. Qualitative field research was used and five participants were purposefully selected for participation in face-to-face interviews. The study found that the women's involvement in the food gardens enabled them to take responsibility for their own lives. Participation in food gardens gave these women an opportunity for income generation, the chance to access healthy food sources to improve their and their families' diets and a sense of meaning and purpose in their lives. Financial independence from husbands and male partners freed them from poverty and male domination. Through exposure to HIV and AIDS education programmes offered at the food gardens the women were empowered with knowledge about sexual health, hence reducing their vulnerability to HIV-AIDS.

KEY WORDS

HIV and AIDS, food gardens, rural women, HIV-infections and vulnerability.

LIST OF ACRONYMS AND ABBREVIATIONS

ADB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ARDCG	A Re Direng Care Givers
ART	Anti-retroviral therapy
BPS	Botlhale Permaculture Services
CDC	Centres for Disease Control and Prevention
CF	City Farmer
CI	Communication Initiative
ETU	Education and Training Units
FAO	Food and Agricultural Organisation
FGF	Food Garden Foundation
FTFA	Food and Trees for Africa
GCWA	Global Coalition on Women and AIDS
GGSA	Greater Good South Africa
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IOM	International Organisation for Migration
OSSREA	Organisation for Social Research in Eastern and Southern Africa
PMTCT	Prevention-of-mother-to-child-transmission
SADC	Southern African Development Community
SAGIS	South African Government Information System
SAIE	South African Institute for Entrepreneurship
SASIX	South African Social Investment Exchange
STIs	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNIFEM	United Nations Development Fund for Women
WFP	World Food Programme

TABLE OF CONTENTS

	PAGE
Declaration	ii
Dedication	iii
Acknowledgements	iv
Summary	v
List of acronyms and abbreviations	vi
Table of contents	vii
List of tables	ix
CHAPTER 1: INTRODUCTION AND BACKROUND INFORMATION	1
1.1 Introduction	1
1.2 Background of the study	2
1.3 Women and HIV/AIDS in Africa	2
1.4 The socioeconomic vulnerabilities of women in the rural communities	4
1.5 How food gardens can impact on the vulnerability of rural women	6
1.6 Description of the Makotse Women's Club	7
1.7. Rationale	8
1.7.1 Problem statement	8
1.7.2 Purpose	9
1.8 Research objectives	9
1.9 Research questions	10
1.10 Research methodology	10
1.11 The validity of the methods deployed in the study	11
1.12 Operational definitions	11
1.13 Limitations	12
1.14 Conclusion	13
CHAPTER 2: LITERATURE REVIEW	15
2.1 Introduction	15
2.2 The AIDS pandemic and rural women's vulnerability to HIV- infections	15
2.3 The socioeconomic vulnerability of rural women to HIV-infections	16
2.3.1 Economic vulnerability	17
2.3.2 Social vulnerability	20
2.3.3 Sexual vulnerability	20
2.3.4 Physical vulnerability	22
2.4 Rural development and the AIDS epidemic	22
2.5 Food gardens and rural development	24
2.6 Food gardens and the reduction of HIV-vulnerability amongst rural women	25
2.7 Food gardens in South Africa	27
2.8 Benefits from food gardens and vulnerability towards HIV- infections	29
2.9 Development interventions to assist rural women in reducing their vulnerability to HIV-infections	29
2.9.1 Economic interventions	29
2.9.2 Social interventions	31
2.9.3 Physical interventions	31
2.9.4 Interventions to address sexual health	32
2.10 A profile of Makotse village and description of the Makotse Women's Club	32

Table of contents (continued)	PAGE
2.11 Community development theories	33
2.11.1 The AIDS risk reduction model	33
2.11.2 Social development theory	34
2.11.3 Feminist theory	35
2.12 Conclusion	35
CHAPTER 3: RESEARCH DESIGN	37
3.1 Introduction	37
3.2 The chosen research design: qualitative field research	37
3.3 Sampling and sampling techniques	39
3.4 Participant observation	39
3.5 In-depth interviews	40
3.6 Data analysis and interpretation	40
3.7 Validity	41
3.8 Ethical considerations	42
3.8.1 Confidentiality	42
3.8.2 Informed consent	43
3.8.3 Voluntary participation	43
3.8.4 No harm	43
3.8.5 Privacy	43
3.8.6 Protection	43
3.9 Reflecting on the insider and outsider role of the researcher	44
3.10 Conclusion	44
CHAPTER 4: FINDINGS AND ANALYSIS	45
4.1 Biographical characteristics and socioeconomic situations of the research participants	46
4.2 Biographies of the research participants	48
4.3 Why the participants joined the Club and what kept them there	52
4.4 Individual involvements of the research participants in the organisation	53
4.5 The involvement of the research participants in the food gardens project	58
4.6 The possible role of food gardens in influencing the vulnerability of the participants to HIV-infections	60
4.7 The research participants' knowledge and awareness of HIV and AIDS	62
4.8 Synthesis of the research findings	62
4.9 Conclusion	63
CHAPTER 5: CONCLUSION AND RECOMMENDATIONS	64
5.1 Review of the chapters	64
5.2 Summary of the findings	65
5.3 Research observations	
5.4 Recommendations	68
5.5 Conclusion	69
LIST OF SOURCES	70

Table of contents (continued)	PAGE
APPENDICES	
Appendix A: Consent form	80
Appendix B: Access letter	82
Appendix C: Interview schedule	83

List of tables	PAGE
Table 4.1: Number of living children of the research participants	47

CHAPTER 1

INTRODUCTION AND BACKGROUND INFORMATION

1.1 INTRODUCTION

The focus of the study is the role that food gardens can play in mitigating the vulnerability to HIV-infections among rural women. The research was conducted by using face-to-face interviews and participatory observations with women who are involved in food gardens at the Makotse Women's Club in a rural community.

Cohen and Reid (2006) and Lee (2004) explain that in order to understand women's vulnerability to HIV-infection, the socioeconomic context in which women live must be taken into account. Lee (2004) mentions that globally most women are still economically, socially and emotionally dependent on their husbands or life partners. Moreover, many women in developing societies do not have independent decision-making powers in relationships and in negotiating for and practicing safer sex. According to Cohen and Reid (2006) this makes women vulnerable to HIV-infections, especially in rural settings, where men are still dominating the relationships simply because they provide food in the house and women are less empowered. In rural areas men are still taken as heads of the families and women must obey the rules. Women in the rural communities cannot talk about sex with their partners because they are not empowered and educated about their sexual lives.

Development projects like food gardens such as the Makotse Women's Club must be implemented to empower women and to reduce their vulnerability to HIV-infections. Women can sell the food from the gardens to get money and take some food home to their families. This role of food gardens in securing cash incomes or in augmenting the family's food supply was mentioned as the chief reason for participating in such projects by all the research participants

in the study. This was seen as the first step for empowerment, because it alleviated their dependence on men for economic survival.

This study focussed specifically on the role that food gardens play in reducing rural women's vulnerability to HIV-infection by (1) alleviating their economic dependence and (2) providing information that might help them to stem the tide of new HIV-infections. A qualitative research orientation was used since little baseline information on this role of food gardens exists for rural South Africa; hence the researcher wanted to explore the experiences, feelings and perceptions of rural women and participate in some of their activities. In this regard, the chosen approach enabled the researcher to gain insight into rural women's day-to-day lives and the challenges they face regarding HIV and AIDS.

1.2 BACKGROUND TO STUDY

Every day millions of women are infected with HIV and dying due to AIDS-related illnesses across the world, especially in Southern African countries like South Africa. A staggering 60% of all people living with HIV are women who got infected by their husbands or life partners (UNAIDS 2002). The Commission on Human Rights (2000) indicates that more than half of the 42 million people living with HIV in the world are young women and girls aged 16- to 35-years. The Commission also argues that there is a decline in life expectancy due to the high incident rate of AIDS-related deaths among women in general.

1.3 WOMEN AND AIDS IN SOUTH AFRICA

The Centre for Disease Control and Prevention (CDC) (2007) states that in 2004 AIDS was the fifth leading cause of death among all women aged 35- to 44-years. According to the CDC (2007) there are various development interventions targeting women in general and women living with HIV in particular to reduce their vulnerabilities to and the impact of HIV and AIDS. Among such interventions are food gardens, the PMTCT (Prevention-of-

mother-to-child-transmission) programme for pregnant women and reproductive health services. All of the research participants in this study mentioned that prior to their involvement in the food gardens, they were not aware of HIV and AIDS and of ways to prevent HIV-infection. It is because of the developmental interventions like the food gardens that these women are able to take the necessary precautions against HIV-infections.

In their study in South Africa, Dunkle, Jewkes, Brown, Gray, McItryre and Harlow (2004), discovered that women who described their relationship as 'not good' were less likely to request and negotiate safer sex through condom use. According to these authors 55% of the participants seeking antenatal care at four clinics in Soweto reported a history of physical or sexual assault from a male partner. These researchers indicated that the increasing frequency of physical or sexual violence was also associated with an increased probability of HIV-infections.

Similarly, Mantell, Harrison, Hoffman, Smit, Stein and Exner (2006) mention that by the age of 20- to 24-years, 24.5% of South African women are HIV infected, compared to 7.6% of men. According to these authors, having an older partner is thus a key factor in increasing the risk of young women to be infected with HIV. They indicate that the HIV prevalence rate was 29.5% among women aged 15-19 who had a partner five years compared to 17% where partners were five years of their age. These authors further maintain that gender dynamics create barriers to prevention intervention strategies. These barriers include gender norms that make it difficult for young women to negotiate safer sex with male partners. These norms also encourage men to engage in risky behaviour, women to have relationships with older male partners and contribute to the prevalence of sexual oppression and violence that compounding the vulnerability of women to HIV-infections.

In the study conducted at Hlabisa in the northern KwaZulu Natal, Wilkinson, Floyd and Gilks (1998) found that the HIV prevalence rate among women attending antenatal clinics increased rapidly from 4.2% in 1992 to 26.0% in 1997. Similarly, Nyirenda, Hosegood, Bärnighausen and Newell (2007)

reported that HIV prevalence rate among women aged 25- to 29-years was the highest at 51%. These researchers state that among 15- to 54-year-old men and 15- to 49-year old women contacted for the HIV surveillance, 348 died in 2004 (196 women, 152 men) and 530 died in 2005 (284 women, 246 men). This clearly indicates that there is a high mortality rate amongst HIV-infected women.

1.4 THE SOCIOECONOMIC VULNERABILITIES OF RURAL WOMEN

Koitelet (2004) identifies a variety of socioeconomic developmental factors which significantly increase the vulnerability of rural women and girls to HIV-infection in sub-Saharan Africa. Among these factors are (a) limited access to economic and educational opportunities, (b) sociocultural values that deny women personal decision-making powers and (c) violence against women. Women in developing societies do not always have access to interventions like those offered by food gardens to empower them to reduce their vulnerabilities. The researcher has observed that many of the women who participated in this study have experienced some of the above-mentioned factors, for example, *Rina* (the pseudonym for research participant) mentioned that their marriage has some complications because her husband has always insisted that he is the head of the family, and as a result, he always denied her the right to make decisions in the family.

In rural communities like Makotse, poverty is one of the dominant aspects of women's lives, making it almost impossible for them to participate in household and personal decision-making in the domestic sphere. Men are viewed as head of the family and demand obedience by both wives and children. Tallis (2002) indicates that gender inequality is one of the main reasons why women are not in a position to negotiate protective and safer sex. According to her, this contributes to their inability to protect themselves from getting infected from sexually transmitted infections (STIs) including HIV. Tallis (2002) further mentions that, because women depend on men for economic survival, they put themselves at risk of contracting HIV-infections not by choice but by force of circumstances.

Rural women are further marginalised because they do not have access to information on HIV and AIDS through mass media like radios, televisions and newspapers that serve to educate them compared to women in urban settings. This was indicated by *Kgaogelo* (the pseudonym for a research participant) during the interview. She said that before her involvement with the Makotse Women's Club she did not have information about HIV and AIDS.

Makotse village is a tribal settlement under the leadership of Chief Ledwaba. It is a remote village; 15 kilometres from Lebowakgomo. The settlement is a poverty-stricken area, since, according to the participants, some families sleep with empty stomachs. Most of the people are unemployed or underemployed as migrant workers. A few of the men work in the platinum mines in the nearby areas. Some of the women work as domestic workers in nearby suburban areas. Most of the women who reside in Makotse village take part in the food gardens projects. There are other developmental interventions in the area such as home based care for people who are ill with AIDS-related diseases and it is run by the Makotse Women's Club. There is also a Drop-in Centre for orphaned and vulnerable children, run by the Makotse Women's Club. A Day Care Centre for all children in the village is also run by the Makotse Women's Club and financed by the Limpopo Department of Education. Finally, the Makotse Women's Club runs a bakery which supplies bread to the Day Care Centre and the Drop-in Centre.

Besides the above-mentioned services, there are other community-based and government development interventions. There is the distribution of food parcels to orphans and vulnerable children, an Aged Luncheon Club, formal support for the disabled and for the sufferers of domestic violence. However it was clear that not all women had access to these interventions and there is still limited access to information regarding HIV and AIDS. One of the participants mentioned that it is not easy to talk about HIV and AIDS with other people. According to Legodi (2008) the area is characterised by high poverty, teenage pregnancy, illiteracy and high unemployment and child mortality rates. Louw (Sa) indicates that approximately 74% of women in the

area are unemployed. The Makotse Women's Club is also supported by the Induna (community traditional healer), the municipality, the community school and local churches. These leaders and institutions offer material and psychological support services

1.5 HOW FOOD GARDENS CAN IMPACT ON THE VULNERABILITY OF RURAL WOMEN

The participation of women in the food gardens sets in motion a chain reaction that eventually leads to emancipation and empowerment. Through active participation, women in rural areas become productive in an economic, material, intellectual and social sense. The production of food and subsequent sale of the produce means that they become financially independent and self-sufficient. The management and marketing of their products means that they increasingly gain the skills and confidence to have a say in their personal and public lives. This leads to empowerment to take control of their lives and to have choices in issues affecting their sexuality and reproductive lives. These women's new-found emancipation and empowerment earn them respect and recognition in the eyes of their families, including their male counterparts. As *Esther* (pseudonym for a research participant) mentioned during the interview, that since their involvement in food gardens, they no longer depend on their partners' money. Financially, they have taken control of their lives.

In order to sustain the food gardens project, women have to enlist the support of all sectors of the community. The sustainability of these projects depends on the support of and collaboration between the local government and state organs such as the Department of Health, the Department of Agriculture and the Department of Social Development. The programme can be so popularised that it is owned, maintained and managed by the community. Once this is achieved, the project can become a way of community life, so much so that it benefits all community members, including women who are living with HIV. With financial emancipation and intellectual empowerment, even women who are living with HIV will know that there is life and hope after HIV-infections through counselling, adopting a healthy life style, maintaining a

healthy, balanced diet and accessing treatment. As *Esther* (the pseudonym for a research participant) elaborated during the interview, she enjoyed working at the Makotse Women's Club, especially taking care of ill people in the community and giving them some nutritionally balanced food from the food gardens. She also mentioned that they always guided the families who were living with ill persons to ensure that they give them certain good foodstuffs that are likely to boost their immune systems.

According to Louw (Sa) the Makotse Women's Club has helped local women to work and feel empowered. These women now know their rights, are self-motivated and self-supporting. The organisation sees a need to expand itself and support similar activities in other municipalities in the province and throughout the country.

1.6 A DESCRIPTION OF THE MAKOTSE WOMEN'S CLUB

According to the Louw (Sa), the Makotse Women's Club is a women's organisation operating from Makotse village in the Lepelle-Nkumpi sub-district of the Capricon district in Limpopo Province. According to the director of the Makotse Women's Club, (Legodi 2008), the Club was established in 1995 by Maria Mello. Ms Mello is currently working as a general assistant in the Limpopo Department of Health. Although she established and still participates in the projects, she is still working for Department of Health as a general assistant. The main reason why Ms Mello formed this club was because *"every day when she came back from work she would find women idling and loafing"* (Legodi 2008). She decided to help the women in her village as their dependence on the men for socioeconomic survival was of great concern to her. Initially, she recruited women into the organisation and started a food garden project. Currently the organisation has sixty-nine members (Legodi 2008).

The Makotse Women's Club is dedicated to empowering and developing vulnerable community members (Louw Sa). Women participate in activities such as home-based care, the drop-in centre, the day care centre, the bakery

project and the poultry project at the Club. The Club decided to promote food gardens as a main intervention to reduce the vulnerability of women to HIV-infections. This decision was taken by Ms Maria Mello and other executive members by encouraging women to join food gardens because they could see that women were helpless and disempowered.

1.7 RATIONALE

There is a paucity of studies regarding rural women and their vulnerability to HIV-infections. The study is based on the assumption that interventions such as food gardens can reduce rural women's vulnerability to HIV-infections by empowering them to develop their own income-generating interventions like selling food from the food gardens.

O'Donnell (2004) states that food gardens may play an important role in developing rural women to be financially independent. Although food garden projects have been implemented for the last 50 years to reduce poverty and to empower women, there is scanty literature available that spells out the actual mechanisms through which such interventions can impact on the vulnerability of rural women towards HIV-infections. Hence, this study is an explorative in nature.

1.7.1 Problem statement

The problem statement central to this study is that women in rural communities are vulnerable to HIV-infections. Furthermore, this vulnerability of rural women to HIV-infections is a problem because when women become infected, the household suffer (OSREA 2004). Avert (2005) reveals that the impacts of HIV and AIDS on the households in rural communities can include the loss of income because the breadwinner (mostly men) is unable to work and women have to often seek income from their male counterparts. Furthermore this may render rural women vulnerable to economic and sexual exploitation as they often have low literacy levels and are in desperate need to look after their families. They are not always in a position to negotiate safer

sex due to a lack of knowledge about HIV and AIDS. Moreover, children do not only lose their parents or guardians due to AIDS-related deaths but they lose their childhood years as they have to look after their father who is ill because of HIV-infection while their mother has to find ways to get an income for the family (Avert 2005).

Food gardens such as the one in this study (the Makotse Women's Club) are important to the rural women because these kinds of projects can assist and empower these women to take control over their lives and become more socioeconomically independent from men. As education about HIV and AIDS is part of the food garden projects at the Makotse Women's Club it may assist them in negotiating safer sex and the prevention of getting infected with HIV.

1.7.2 Purpose

The purpose of this study is to investigate the role that food gardens can play in influencing the vulnerability of rural women to HIV-infections. The study intends to provide insights and understanding of the experiences and feelings of the women involved in food gardens.

1.8 RESEARCH OBJECTIVES

The research objectives guiding this study were the following:

1.8.1 To explore the types of vulnerabilities of women in rural communities to HIV-infections.

1.8.2 To explore how food gardens have influenced the vulnerability of these women to HIV-infections.

1.8.3 To investigate what other development interventions have been implemented by the Makotse Women's Club to influence the vulnerability of rural women to HIV-infections.

1.8.4 To investigate possible lessons learned by the participants.

1.8.5 To explore possible actions that can be taken to enhance the participation of rural women in food gardens to reduce their vulnerability to HIV-infections.

1.9 RESEARCH QUESTIONS

The following broad research questions guided the data-gathering:

1.9.1 What types of vulnerabilities do rural women experience in respect of HIV-infections?

1.9.2 How do food gardens influence the vulnerability of women to HIV-infections?

1.9.3 What has been done by the Makotse Women's Club beyond food gardens to influence the vulnerability of women to HIV-infections?

1.9.4 What are some of the lessons learned by the participants?

1.9.5 What can be done to improve food gardens to assist rural women to reduce their vulnerability to HIV-infections?

1.10 RESEARCH METHODOLOGY

A qualitative research design was selected for this study. Golafshani (2003) says that qualitative research uses a naturalistic approach that seeks to understand phenomena in context-specific settings. In this study, a qualitative approach comprising participant observation and in-depth interview was used to investigate and actively observe the day-to-day lives of rural women who are involved in the food garden projects at the Makotse Women's Club.

This research took place at the Makotse Women's Club where the researcher interviewed the women and observed their day-to-day lives while working in the food gardens. Interviews were individually conducted at a private room at the Club. Observations were made by participating in the day-to-day activities of food gardens to observe the women's interaction with each other regarding HIV and AIDS. The full details of the methods are discussed in chapter three.

1.11 THE VALIDITY OF THE METHODS DEPLOYED IN THE STUDY

For this research, validity was taken to imply authenticity in the data. This demanded naturalistic interviewing and careful observation of the women and, through active participation in the food gardens project, the establishment of how these women's involvement in the project can reduce their vulnerability to HIV-infections. The responses of the participants on how food gardens have influenced their vulnerability to HIV-infections had to be considered.

1.12 OPERATIONAL DEFINITIONS

For the purpose of this study the following working definitions were used:

1.12.1 Developmental interventions Barbanti (2004) says that developmental interventions at a structural level means to provide broad societal change such as empowering women to be less vulnerable to HIV-infections.

1.12.2 Food gardens According to *Slow Movement and Community Gardens* (2008) food gardens are based in the communities and the people in the community are working with plants. In this study food gardens mean the production and consumption of fruits and vegetables in the gardens of the Makotse Women's Club.

1.12.3 Vulnerability According to Le Coeur *et al* (2002) the vulnerability of a woman refers to those circumstances and situations that increase the possibility of not preventing HIV-infection or increase the risk of being exposed to HIV. In this study vulnerability includes the impossibility of negotiating for safer sex, which puts women at risk of contracting HIV-infections.

1.12.4 Rural women For the purpose of this study, this refers to the women who are living in the rural areas, among communities that are characterised by poverty, illiteracy and underdevelopment.

1.12.5 Rural development For the purpose of this study this refers to interventions that afford rural communities greater opportunities to empower themselves socioeconomically and to improve the quality of their lives.

1.12.6 HIV-infection According to CDC (Centres for Disease Control and Prevention 2007) HIV stands for human immunodeficiency virus. This is the virus that causes AIDS. HIV is different from most other viruses because it attacks the immune system. The immune system gives our body the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease.

1.12.7 HIV and AIDS CDC (2007) mentions that AIDS stands for acquired immunodeficiency syndrome. AIDS is the final stage of HIV-infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Having AIDS means that the virus has weakened the immune system to the point which the body has a difficult time fighting infection. When someone has one or specific infections, certain cancers, or a very low number of T cells, he or she is considered to have AIDS.

1.13 LIMITATIONS

The study had some limitations. In the first place the qualitative nature of the study limits the possibility of generalising the research results to all rural women and can only provide insights and understanding of the lived experiences of the women involved with the Makotse Women's Club. Befitting a qualitative research design, detailed interviews and in-depth analysis of the participants' responses were used. The researcher became an active member of the Club and participated in the day-to-day running of the food projects for five days. In the second, place the sensitive nature of the study made some of the participants feel uncomfortable revealing their true identities, private thoughts, and feelings about their family affairs. Thirdly, the researcher had limited time available to spend in the field as she was employed full-time at the time of the fieldwork. The participatory observation required a lot more time than

anticipated to gain the trust of the participants. In order to do this the researcher had to spend a lot of time just listening to the problems and contentment they have encountered in their day-to-day lives, sympathising with them when they explained their sad news and laughing with them when sharing their happiness.

In addition to time constraints, expenses to travel between Gauteng and Limpopo to do the fieldwork proved to be costly. Some of the additional research equipments such as a tape recorder, cassettes and batteries to conduct the interviews required additional funding.

Negotiating between emic and etic roles in the fieldwork also proved a challenge as the researcher was younger than most of the research participants. Consequently, broaching sensitive subjects such as sex and vulnerability to HIV-infections was taxing. In order to limit this, the researcher spent five days prior to the field research to gain the trust of these women. The researcher was unable to speak the vernacular languages fluently as it was a local dialect of Sepedi. As a result, the researcher had to listen several times to the audio-recording of the interviews to understand some of the local terminologies and definitions. The researcher asked a local person at the Makotse Women's Club to read the summaries of research results and listen to these recordings to ensure that the results are a reasonable reflection of the interviews which were translated during the data analyses.

1.14 CONCLUSION

In the introduction of this chapter the focus of the study was discussed. The chapter treated the background of the study, paying special attention to women and AIDS in South Africa, the socioeconomic vulnerabilities of rural women and a description of the Makotse Women's Club. The rationale of the study, which includes the problem statement and the purpose of the study were discussed. The chapter stated the research objectives, research questions and the research methods. The validity of the study was discussed. The operational definitions were dealt with. The limitations of the

study were indicated. The next chapter deals with the review of literature on the influence of food gardens on the vulnerability to HIV-infections of rural women, paying special attention to, to mention the few, developmental interventions to assist rural women, rural development and the AIDS epidemic, food gardens and rural development. The rest of the dissertation is organised in the following way: chapter two is the review of literature, chapter three is the research design, chapter four is findings and analysis and chapter five is conclusion and the way forward.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

This chapter is a review of literature relating to the vulnerability of women to HIV and AIDS.

2.2. THE AIDS PANDEMIC AND RURAL WOMEN'S VULNERABILITY TO HIV-INFECTIONS

According to Le Coeur, Wassana and Lelièvre (2002) vulnerability is contoured by the overall socioeconomic conditions in which women live in rural communities. In addition, age plays a role as it is especially young women in rural communities who are disadvantaged and disempowered. UNAIDS (2006) indicates that women represent almost half of all adults living with HIV in the world, especially in Africa within the Sub-Saharan and Southern African regions. Poetrzyk (2005) adds that between 60% and 70% of people living with HIV in the world are from developing countries such as South Africa. They are mainly between the ages of 15- and 45-years and most of them are women. Most of these women live in rural communities and are exposed to serious poverty.

The Human Science Research Council's (HSRC) (2002) *Household Survey* found that women may have a slightly higher HIV-prevalence rate (17,7%) than males (12,8%). Similarly, another HSRC (2005) Survey on the *National HIV Incidence, Behaviour and Communication* found that the overall HIV-prevalence rate among females who participated in the survey was 20.2%. This sample of women included 23.2% of pregnant women who were infected with HIV prior to and during the last 24 months of the survey. Some of the women in both surveys were from rural communities. The *Annual Report on*

AIDS for the Southern African Development Community (SADC) (2003) mentions that it is important to empower women not only to improve their overall socioeconomic status but, especially with knowledge, to protect their own health and that of their children in the time of HIV and AIDS.

Fredriksson and Kanabus (2005) point out that HIV and AIDS has already had a significant impact on rural communities and has caused severe human suffering among rural women. Rural women experience some of these impacts of HIV and AIDS such as the loss of income when they have to leave paid employment in order to take care of a male partner or family member who is ill with HIV-infection or AIDS-related illnesses. This limits their sources of income which could in turn leave them economically and sexually vulnerable to HIV-infections. According to United Nations Development Fund for Women (UNIFEM) (2006) gender inequality leaves women with less control over their lives than men. Furthermore, rural women have less access to information about HIV and AIDS and resources to take preventative measures such as safer sex or condom use.

UNIFEM (2006) further mentions that there are other socioeconomic factors that have been known to significantly increase the vulnerability to HIV among women and girls in the rural communities, such as poverty, marital rape and violence against women. It is important to reduce these factors by introducing development and empowerment programmes for rural women like food gardens. Koitelet (2004) mentions factors such as limited access to economic and education opportunities, sociocultural values and norms that deny women's sexual rights and practices that prevent them from openly embracing ways to avoid infection with HIV. Women in the rural communities are more vulnerable to HIV-infections because they are disempowered.

2.3 THE SOCIOECONOMIC VULNERABILITY OF RURAL WOMEN TO HIV- INFECTIONS

In this section the socioeconomic vulnerability of rural women in general and to HIV and AIDS in particular will be discussed. The goal is to demonstrate the

connection between HIV and AIDS and gender, poverty and living in a rural area.

2.3.1 Economic vulnerability

South Africa as a democratic country has a very liberal Constitution based on universal human rights and sustainable development. According to The South African Government Information (2007), the economic rights of women to participate in the socioeconomic development and in the democracy of the country are entrenched in the Constitution. The *Annual Report of the Department of Social Development* (2007) emphasises that the eradication of poverty is the highest priority in the South African government's efforts to build a better life for all, especially in rural communities and among women. The Report stresses that the Department manages the Poverty-Relief Programme which assists rural communities in a range of development projects, especially projects that empower rural women to get involved in agriculture. The programme has established 408 developmental projects throughout the country of which 80% are in the hands of rural women and food gardens are one of the priority areas for these development projects. The report advises that increased women's involvement in these projects could assist them to be less vulnerable to social issues like poverty and HIV and AIDS.

According to the *Global Coalition on Women and AIDS* (2005) there is an interconnectedness between poverty and the AIDS pandemic among women in the world. The socioeconomic impacts of the AIDS pandemic on women and young girls, especially in developing countries like South Africa, make it essential to strengthen links between HIV-prevention and access to socioeconomic development interventions like food gardens. By taking part in these projects, these women are benefiting financially and socially and they can take control over their own lives and improve their skills, thus reducing their vulnerability to HIV-infections. In line with these findings Tallis (2002) indicates that if women were economically empowered, they would be able to take control over their own lives like refusing to practice unsafe sex and prevent getting infected with HIV. He argues that because of food gardens,

rural women not only earn a living, but also find opportunities to eat a healthy diet and to sell food for income generation. This could make them less economically dependent on men and allow them to gain access to information about HIV and AIDS.

USINF (2006) mentions that women, especially rural women, bear the brunt of the AIDS epidemic because of their role in care giving and their low socioeconomic status in most developing countries. Rural women are often subjected to economic constraints and gender inequalities that prevent them from owning property or buying property. By introducing projects like food gardens, their socioeconomic vulnerability can be reduced. UNAIDS (2006) indicates that, due to gender-based economic inequalities, many rural women are more vulnerable to HIV-infections than women in urban areas. Given the fact that such women are utterly dependent on men for their economic survival, they cannot negotiate for safer sex even if they are knowledgeable about the risks of infection. OSSREA (2004) concurs with this by pointing out that many rural women occupy a weaker position in sexual relationships by not having a say in sexual matters and HIV-prevention. Besides this, other socioeconomic factors such as low literacy and poor access to formal education contribute to the high prevalence rate of HIV among rural women. The *Global Coalition on Women and AIDS* (2005) makes references to rural communities in South Africa where woman may be forced by male family members to have unprotected sex in exchange for money.

Global Giving (2006) makes mention of a project called *Abalimi* that targets unemployed women living in South Africa's mostly poverty-stricken rural areas. This project teaches rural women organic agricultural methods and environmental conservation. *Abalimi* runs two core programmes that capacitate rural women to grow organic food, and thus to support themselves and others. The organisation empowers poor rural women to improve their environment by cultivating indigenous gardens in the areas. In support of both programmes, *Abalimi* runs two non-profit garden centres. SASIX (2007) cites the Botlhale Permaculture Services (BPS) which aims to provide rural women with the necessary knowledge and skills to prevent HIV and to live healthy

lifestyles. The services provide training in nutrition through a non-profit community-based organisation that promotes and supports food-gardening with the aim of improving food-security, nutrition and health. These projects enabled the South African Institute for Entrepreneurship (SAIE) to train 8 facilitators and 10 food gardeners from Botlhale Permaculture Services (BPS) to get the skills for informal and formal agriculture in rural communities. This training initiative is called *SAIE AgriPlanner*. These gardens are resources for skill development and shared knowledge on nutrition and HIV and AIDS. SASIX (2007) indicates that the BPS provides training and nutrition expertise to other community groups and organisations that have established their own food gardens. The *SAIE AgriPlanner* intervention ensured that the 8 facilitators were equipped to train 250 individuals to get involved in food gardening during 2007 in Soweto. This contributed to the improvement of rural households' income as well as to better food security.

Other development interventions provided by the Botlhale Permaculture Services (BPS) include the teaching of entrepreneurship skills to rural women (SASIX 2007). These skills enable them to set up small agricultural businesses and to improve their households' incomes. The Makotse Women's Club is one of the food gardens projects developed by BPS to empower rural women. McLanahan (1997) writes that the so-called feminisation of poverty was due to a relative rather than an absolute decline in women's economic status. She blames feminisation of poverty on changes in the family which uncovered women's latent economic vulnerability. She further mentions that feminisation of poverty focuses the attention on sex differences in poverty rates. According to her, feminisation describes both the unequal state of men's and women's poverty rates and the processes by which women's risk to poverty has increasingly exceeded that of men's. Other reasons why women tend to be poorer are lower wages, fewer educational opportunities and lack of employee protection. The United Nations Development Fund for Women (UNIFEM 2005) explains in its report, *Progress of World's Women*, that although globalisation has brought new opportunities for educated and skilled workers, it has in many cases had the opposite effect on those less trained and educated. According to UNIFEM work is moving from the formal to

the informal sector and workers lose job security as well as medical and other benefits. Female workers are at a higher risk of being infected with HIV not only because of poverty and comparatively lower wages, but also because they are less empowered.

2.3.2 Social Vulnerability

The *South African Government Information System* (2007) points out that social development services for rural women are another social development priority for reducing the HIV-prevalence rate among women in South Africa. Rural women are often subject to discrimination, exploitation, stigma and violence related to HIV and AIDS. This is despite the Constitution which affirms the democratic values of human dignity, equality and freedom for all South Africans, including women.

In the rural communities like Makotse, poverty often prohibits full participation of women in decision-making regarding minor domestic issues. Impoverished rural women face malnutrition, economic hopelessness, anxieties about providing for their children and inadequate medical care. Men are regarded as heads of households and are obeyed by wives and children. Tallis (2002) indicates that inequality between genders is one of the main reasons why women are not in a position to negotiate for safer sex; consequently, they cannot protect themselves from sexually transmitted infections including HIV-infections. These women are at risk for endemic conditions such as tuberculosis, diabetes and heart disease. They may not have sufficient social support and personal resources and non-compliance with a husband or male partner's wishes and demands may result in abandonment, neglect, abuse, violence or homelessness.

2.3.3 Sexual vulnerability

The asymmetry of heterosexual relationships in patriarchal societies is a fundamental fact of life in rural communities. Stine (2005) concurs with *The Global Coalition on Women and AIDS* (2005) by saying that women lack the

power to negotiate safer sex practices such as condom use. Fear and coercion play a large role in some rural women's first introduction to sex and reproduction. The conjugal relationship is asymmetrically contractual and women bring to it their sexuality and reproductive power whilst men are supposed to reciprocate with economic support for wives and children. In reality, this contractual relationship is often broken so that men's philandering is normalised and silently accepted. Married women are often socially rejected by their husbands when they try to introduce condom use into the marital relationship which is assumed to be monogamous but is far from it. In some cases women have experienced severe cases of abuse and violence in trying to introduce condom use or safer sex. Unmarried women are expected to be chaste and ignorant about sexual issues.

The International Organisation for Migration (IOM 2003) states that young women and children are especially vulnerable to the recruitment tactics of traffickers because civil unrest and economic deprivation leave them with few opportunities at home. According to Tolan (2005) women in South Africa - particularly married women - are more susceptible to HIV-infections than men. Married women in rural South Africa have specific vulnerabilities to HIV-infections as a result of three major factors: (1) migrant labour, (2) *lobola* and (3) gendered economic inequality. These three factors lead to sharpened HIV vulnerability in two ways: they lower the agency of women and they increase sexual risk behaviour. Women experienced lowered agency in that they have virtually no ability to refuse sex or demand the use of condoms. According to Tolan (2005) women experienced increased sexual risk behaviour because of these factors. Worse still men migrated to the cities to look for work and had promiscuous sex with multiple partners. According to some cultures when you have paid lobola to a woman you can do what you want with her. Lastly, because of gendered economic inequality, women are exposed to partners with higher rates of infections.

Reuters (2001) states that thousands of girls in South Africa are queuing up each month to prove that they are virgins, thereby reifying an African tradition seen by many as the answer to AIDS. Those who do not support this practice

argue that it undermines the principles of equality, freedom and human dignity. On the other hand Reuters (2001) further mentions that the so-called virgin cure for HIV makes young women more vulnerable to HIV-infections. South Africa's high rates of rape and child abuse make HIV even more unbridled.

2.3.4 Physical vulnerability

Thatu (2004) mentions that malnutrition is a fact of life for many rural women as they do not have access to socioeconomic resources to maintain healthy diets. The point is that rural women living in poverty already face severe threats to their health and HIV and AIDS exacerbates those threats. Poor nutrition through the life course shortens life expectancy and may cause several physical impairments.

Some sociocultural practices also further exacerbate women's physical vulnerability to sexually transmitted infections. In this regard Stine (2005) reveals that dry sex leads to the spread of HIV. The woman may use a variety of preparations such as herbs, salt or antibacterial agent to keep her vagina dry during sex. Although this is not common in South Africa, it is practiced in other parts of sub-Saharan Africa. Stine (2005) also mentions marital rape, although the concept of marital rape does not exist within the African culture.

Journ-AIDS (2008) indicates that marriage does not protect women from HIV-infections. In South Africa married women are identified as the group most at risk for HIV-infections and more than four-fifths of new infections in women result from sex with their husbands.

2.4 RURAL DEVELOPMENT AND THE AIDS EPIDEMIC

The need for food gardens in rural areas is inextricably bound with and affected by the legacy of apartheid in South Africa. During the apartheid era, the mass migration of men from rural areas to urban cities left behind rural poverty, deprivation and under-development, particularly on the part of

dependent children and women. In most cases, the migratory labourers never returned home; or when they did return, they were either too old or sick to be productive to the family and community members.

The abject poverty and deprivation in rural communities are confirmed by (a) differences in mortality rates between rural areas and urban areas, and (b) indicators of infrastructural development in rural areas. The African Development Bank (2004) states that poverty in the rural communities is 50% and that the mortality rate is 48.4% in the rural communities. According to Education and Training Unit (ETU sa) children are very badly affected by malnutrition. Malnutrition also means that children are vulnerable to disease and either die young or have poor physical and mental development. ETU (sa) further indicates that there is slower infrastructural development in rural areas than in urban areas. Comparatively, there are fewer hospitals, schools and industrial job opportunities in rural areas than in urban areas (ETU sa). This infrastructural underdevelopment means there are poor educational and health services in the rural areas.

The problem of underdevelopment and deprivation is bitterly felt by poor women and children. The establishment of food gardens will provide them with meaning, purpose and sustenance in communities devastated by the migratory labour.

NetTel (2006) makes reference to rural development as a growth intervention strategy to help rural people to set up development priorities in their own communities through effective and democratically elected bodies, by providing the local capacity; and investing in basic infrastructure and social services. Rural development deals with social justice, equity and ensuring safety and security of the rural population. The Rural Development Institute (2007) states that rural development addresses the socioeconomic impacts of the AIDS epidemic as well as the vulnerability of rural women to HIV-infections.

Cohen and Reid (2006) point out that there is evidence suggesting a continuous increase of HIV-infections among rural women in Sub-Saharan

Africa countries like South Africa. They indicate that socioeconomic development interventions are not always successful in reducing the high rate of HIV-prevalence among rural women as such interventions are not always sufficiently inclusive of all the important role-players in the community. Rural women's participation in the development processes has been the focus of intensive debates by most international forums in the past years. Women make a major contribution to the economic production of their communities and assume primary responsibility for the health of their families. These forums maintain that there has been insufficient political will and sustained commitment to meet the economic needs and interests of rural women by the local authorities and governments.

2.5 FOOD GARDENS AND RURAL DEVELOPMENT

A food garden is a project in which members of the community join hands and heads to establish food production and the sale of these food products, and can lead to the financial independence and psychological empowerment of community members. *Slow Movement and Community Gardens* (2008) defines food gardens as gardens that are based in the community where people from the community plant vegetables and fruit for food production and socioeconomic empowerment purposes. Historically, food gardens were used to help a family to grow food either for selling or to feed the family as part of their household security. Currently, the food gardens project has become a more community-based activity and it goes further than just a food intervention. It provides opportunities for development interventions such as skills development, self-development and the socioeconomic empowerment of women. Through food garden projects women can learn not only about food production, processing and selling but develop their skills in business enterprises.

Although the *Annual Report on AIDS for the South African Developed Community* (SADC 2003) does not quote statistics to quantify the impacts of HIV and AIDS on rural household security, it is clear that the socioeconomic impacts of HIV and AIDS on rural communities and households make women

very vulnerable to HIV. According to UNIFEM (2006) more than half of the world's population of people living with HIV are women and it is important to introduce developmental intervention programmes like food gardens to empower rural women. Through programmes they can be less vulnerable to HIV-infections.

2.6 FOOD GARDENS AND THE REDUCTION OF HIV-VULNERABILITY AMONG RURAL WOMEN

O'Donnell (2004) states that food gardens play an important role in developing rural women. She explains that food gardens play a vital role in developing rural women to become less economically dependent on their husbands. Tallis (2002) supports this by explaining that development interventions like food gardens empowers rural women to gain access to information, skills, services and technologies that allow them to participate in decision-making at all societal levels.

According to O'Donnell (2004) food gardens empower women by firstly, improving their diets through the food that they grow, and secondly by creating an enterprise to sell the food that they grow. *Greater Good South Africa* (GGSA 2001) explains that during the 25 years of the existence of the *Food Garden Foundation*, it has contributed significantly to the socioeconomic development of South Africa and to the empowerment of women. The Foundation played an important role in changing the lives of rural women to help them grow their own food, generate their own income and by providing opportunities for education about environmental issues and about HIV and AIDS. GGSA (2001) mentions that the Department of Agriculture has recognised that food gardeners are entrepreneurs who act on community needs by changing not only their lives but the lives of their families and communities.

Similarly, *Food and Trees for Africa (FTA)* (2007) explains that since 1977 the *Food Garden Foundation* has been effectively implementing food gardens as a method of sustainable development for low-income, poor groups such as

rural women. Rural women's lives were improved through the attainment of household food security and self-reliance by growing food in their gardens and generating their own income. The FTA (2007) has found that rural women can be innovative when they have to take care of themselves and their communities during desperate situations by setting up food gardens. Food gardens help these women to feed their communities and families. By doing this, they create education opportunities for the community in development issues such as HIV and AIDS. Rural women are often the main participants of food gardens.

Greece (2000) indicates that agriculture and rural development in sub-Saharan Africa varies from one area to another, depending on a range of factors, including the specific cultural and socioeconomic environment. Greece mentions that the greatest challenge to Africa's agricultural sector is to increase production and the value of agricultural products. According to Greece (2000) the long-term benefits of agricultural growth for rural women are unclear. Women are the backbone of the agricultural sector, accounting for 70% of agricultural labour and being responsible for 60% of agricultural production and 80% of food production. The role of women in agriculture and rural development is surrounded by a large amount of myth and misunderstanding. Important changes have occurred in the agricultural sector over the past 20 years, both in the role played by women and in the understanding of this role. Greece (2000) further writes that current thinking about agriculture assumes gender neutrality and excludes women.

Sambrook (2005) describes food gardens as a good source for healthy nutrition for families and people living with HIV in rural communities. Tallis (2002) suggests that since people living with HIV are often from poor communities, food gardens can enhance their quality of life by improving their access to better nutrition. The World Food Program (WFP 2000) states that in order to tackle HIV and AIDS programme, implementers cannot focus all their energies on treatment alone. WFP suggests that the critical aspect in the care and support of people living with HIV is nutrition. A staggering 95% of the people who are HIV positive live in poor countries, and many struggle to get

enough to eat. In Africa, AIDS patients are frequently admitted to hospital already malnourished. In most places there is no systematic approach to meeting their nutritional needs. According to WFP (2000) there is no scientific consensus on whether HIV-infected people have any special nutritional needs. However, *Greater Good South Africa* (2006) explains that fruits and vegetables from the food gardens contain the needed vitamins and minerals which are essential for good health, especially for people living with HIV. Not only do these vitamins and minerals give the body resistance to the progression of HIV but they can assist the body to prolong immunity to decrease the progression of HIV. The organisation indicates that home-grown vegetables are the healthiest option as they are rich with the nutrients needed to boost the immune system for people living with HIV and to reduce the possibilities of opportunistic infections. Moreover, GGSA (2006) suggests that working in food gardens is healthy physical exercise which also holds great benefits and creates the opportunity for psycho-social support since these gardens are communal undertakings. These benefits are not only for people living with HIV but to rural women as they may get opportunities to learn about HIV and AIDS, to prevent them getting infected with HIV and to negotiate safer sex. The food gardens can significantly reduce the vulnerability of rural women to HIV-infections.

2.7 FOOD GARDENS IN SOUTH AFRICA

Food and Trees for Africa (FTFA 2007) indicates that food security programmes contribute to poverty alleviation, improved environments, capacity building and skills development among rural women, their families and people living with HIV in South Africa. Gyekye and Akinboade (2003) report that the Limpopo province is one of the poorest regions in South Africa. They mentioned that poverty is quite high in the rural areas. According to them many households experience utter poverty or high vulnerability of being poor.

The *A Re Direng Care Givers* (ARD CG) is a volunteer organisation that uses local and rural volunteers to support AIDS-organisations in local communities

like the Moretele Clinic in Makapanstad. Some of these support services include home-based care services to people living with HIV and establishing food gardens in local communities (FTFA 2007). Together with the local clinic which provides access to health care facilities and HIV-treatment, ARDCG has established food gardens to improve the daily diets of people who are on anti-retroviral treatment and live in local rural communities.

Furthermore, *A Re Direng Care Givers* (FTFA 2007) focuses on improving the living conditions of rural women and the increasing women-headed households by training them in agricultural technologies and resources management. This empowers rural women to increase their own and local community's access to food securities which improve their wellness and sustain socioeconomic development in their impoverished community. Similarly to this project, the *Food and Agriculture Organisation* (FAO) (2003) mentions that the FAO as a agricultural development organisation focuses on enhancing women's participation in agriculture and rural development by establishing food gardens in their own communities to assist with sustainable development.

Thatu (2004) suggests that development interventions such as those mentioned above are keys to self-reliance projects for rural women and people living with HIV. The reason for this is that most countries of Africa seem unable to aspire to the post-industrial (or even the industrial) status of First World countries. The HIV-AIDS pandemic compounded the poverty that already existed in rural Africa so that local coping strategies, reliance on the informal sector and economic self-reliance are the most effective survival strategies in many communities (Thatu 2004). Such approaches can manifest in many forms, including local savings clubs, the informal sector in all its variations, a reversion to traditional craft and other industries and even the barter system. The growth of co-operatives and the increasingly important part played by women in ensuring the survival of their families are also of considerable significance in rural Africa. In the section below, the benefits of food gardens in particular are examined.

2.9 BENEFITS FROM FOOD GARDENS AND VULNERABILITY TO HIV-INFECTIONS

The benefits of food gardens can be approached from two main points, namely (a) the benefits to rural women in reducing their vulnerability and (b) broader impact on rural development. *Greater Good South Africa* (2006) points out that there is much more to gardening than just growing vegetables or flowers. By creating a food garden, these women are developing other knowledge and skills such as project management, how to deal with HIV and AIDS and how to have meaningful relationships. They are taking some food home and may even create own income-generating projects out of the food gardens which can make them self-reliant and less dependent on their husbands for decision-making about their lives and issues like HIV and AIDS. In addition, women benefit physically because they eat healthy food.

According to City Farmer (1996) all over South Africa, rural women are getting more involved in food gardens projects to empower themselves as well as to develop more skills pertaining to issues of HIV and AIDS and development which assist them to become less vulnerable to HIV-infections.

2.9 DEVELOPMENT INTERVENTIONS TO ASSIST RURAL WOMEN IN REDUCING THEIR VULNERABILITY TO HIV-INFECTIONS

This section addresses economic, social, physical and sexual interventions to assist rural women to reduce their vulnerability to HIV-infections.

2.9.1 Economic interventions

Given Gain International (2004) indicates that *Habitat for Humanity KwaZulu Natal* is a pilot project located in the Willowfontain area of the Msundusa municipality. There is a high prevalence rate of HIV among women in that area. Within such rural communities women are rendered vulnerable in a variety of ways, including the loss and lack of material security, the lack of

food security resulting in hunger and an increased risk of malnutrition. Community food gardens were established in each area in order to promote better nutrition. The food gardens were shared among all beneficiaries.

Kormawa (2006) indicates that most governments have responded to the pandemic by improving access to anti-retroviral therapy (ART). The success of the ART initiatives rests on the availability of food. It has been proven that that good nutrition backed with ART helps prolong the life of people living with HIV. Food availability and nutrition are relevant to treatment. It is therefore said that agricultural sector has a fundamental role to play in reducing people's vulnerability to HIV. Similarly, the Food and Agriculture Organisation (FAO 2006) states that for many years it has championed women's contributions to food production and food security. Agriculture is still the main source of employment for women in the developing world. For many decades FAO has been involved in efforts to improve the status of rural women and it continues to recognise and support the role of women in rural development.

The United Nations Development Programme (UNDP 2004) indicates that in rural poor communities HIV is a critical development issue. The impacts of HIV on agriculture, local economies and the social dynamics of rural people require immediate response. The agricultural sector has a critical role to play with regard to nutrition. UNDP (2004) further mentions that food gardens are useful sources of nutrition and income, yet they are frequently overlooked in agricultural programmes. In most cases they are managed by women and tend to receive little technical support due to gender biases.

Gillespie and Kadiyala (2005) argue that poverty and food insecurity may place women at greater risk of contracting HIV-infections. These authors reveal that due to the fact that these women experience food insecurity, they may be less able to access information about HIV and AIDS or less able to act on their knowledge of risk to minimise HIV-exposure. The preventive function of food gardens relates to the opportunity it creates for women to discuss issues of reproductive health and HIV and AIDS in a supportive environment.

2.9.2 Social interventions

According to FAO's programme (2006) agriculture is said to be the single most important sector in Africa, providing a livelihood for disadvantaged rural women. These women are the least privileged and bear the greatest burden of HIV impact. It is mentioned that HIV affects the active and productive section of the rural society. It therefore threatens agricultural productivity and food security. Women and young girls in the rural communities face the greatest burden of work because of their traditional responsibilities for agriculture and caring for the sick and dying.

The FAO's HIV-AIDS programme (2006) further mentions that rural women have knowledge about agriculture which was informally transmitted over generations. These women therefore represent local resources capable of supporting the wider rural community to address their needs concerning nutrition and food security.

2.9.3 Physical interventions

Bosire, Metcalf, Lillienfeldt and Wikler (2001) indicate that hunger is linked to HIV and AIDS among rural women. The AIDS epidemic leads to hunger as people lose their jobs, become too weak to support themselves, and lose the ability to grow food or generate an income. Some of the sequences beyond HIV and AIDS could be violence against women as Interfund (2004) states that violence against women and other forms of gender-based discrimination are other reasons of contracting HIV. Women who are involved in projects like food gardens can be enabled to raise a collective voice against violence against women. If these rural women are empowered, they will be able to say no to risky sexual behaviours because they will not be depending on men.

2.9.4 Interventions to address sexual health

Kormawa (2006) mentions that it is important to understand the interrelationship between food and nutrition security and the HIV and AIDS pandemic. Individuals, whose very basic needs are not met, tend to engage in coping behaviour that increases the risk for infection and transmission of HIV. O'Donnell (2004) states that food insecurity can push people into engaging in high-risk activities such as transactional sex and migratory labour. Gillespie and Kadiyala (2005) state that hunger might place women in a situation of high risk to HIV-infection. These women may be less able to access information about HIV and AIDS or they will be unable to act on their knowledge of risk to minimise HIV-infection. If these women are poor they can find themselves in a situation where they are practicing unprotected sex because they are afraid that if they negotiate safer sex their partners will not give them money. Some women are forced to practice commercial sex because they are poor. Efforts made to increase food security can have a positive effect on decreasing the prevalence rate of HIV.

One of the consequences of being vulnerable is marital rape and, as Stine (2005) rightly maintains that the concept of marital rape does not exist within the African culture. Women from rural communities cannot refuse their husband sex or negotiate safer sex; which makes them more vulnerable to HIV-infections. Women are not able to control and take responsibility of their sexual lives. The main reason is that these women depend on men for economic survival; they know that if they can talk about sex issues these men would not give them money. It is important to engage women in projects like food gardens so that they can be empowered, hence reducing their vulnerability to HIV-infections.

2.10. A PROFILE OF MAKOTSE VILLAGE AND A DESCRIPTION OF THE MAKOTSE WOMEN'S CLUB

According to Legodi (2008) Makotse village is a tribal settlement under the leadership of Chief Ledwaba. The chief stays at Ga-Ledwaba, so he elected a

local leader by the name of Ledwaba at Makotse to take care of the village. The people who are staying at Makotse are Bapedi and the language used in the village is a dialect of Sepedi. Makotse is a very remote village; it is a poverty stricken area. Most of the people are not working while some of the males are migrant workers working in mining industries from other provinces. Some of the rural women work at the neighbouring sub-urban areas as domestic workers.

The Makotse Women's Club was established in 1995 by Maria Mello. The project for food gardens started with only 16 women, both married and unmarried and to date it has grown to 69 women.

The women who are involved in the food gardens are all from Makotse village and are from poor families. Life for these women was difficult and full of hardship as they were hopeless, helpless and disempowered. These women were more vulnerable to HIV-infections because they were unemployed; they depended on men for economic survival and were not well informed about HIV and AIDS.

2.11 COMMUNITY DEVELOPMENT THEORIES

In this section the community developmental theories will be discussed. The theories that will be discussed are the AIDS risk reduction model, developmental theory and feminist theory.

2.11.1 The AIDS risk reduction model

According to *Rural Centre for AIDS/STD Prevention* (1996) in South Africa and *The Communication Initiative* (2005) the AIDS Risk Reduction Model is concerned with people's efforts to change sexual behaviours related to HIV-infection. The model has often been used to assist development interventions in rural communities like food gardens in order to influence the sexual lives of community members and to reduce their own HIV-infections vulnerabilities.

Three stages are included in this model: The first stage comprises the recognition and labelling of certain sexual behaviours as high risk for contracting HIV. In this knowledge acquisition phase, people use information to reduce their risky sexual behaviours. The second stage involves making a commitment to fellow female participants in the project to reduce high risk activities and to increase low risk sexual activities such as safer sex and condom use. The success of this stage depends on women seeing the benefits of their choices and on the social support they receive from their fellow female participants to sustain this commitment. The third phase is the development of social coping mechanisms to sustain empowerment by engaging with development interventions like food gardens. This stage is broken into three main strategies, namely, continuously obtaining correct information, developing personal and social coping mechanisms and acting upon solutions to difficult situations like negotiating safer sex as well as becoming less dependent on men for survival. The influences of social networks and problem-solving choices will then be maintained as they stay involved with development interventions like food gardens.

2.11.2 Social development theory

Under this subheading, initiatives which subscribe to a notion of social development as a process of organising human energies and activities to achieve specific developmental results are considered. In this regard the *South African Government Information* (2007) states that the government has initiated a community-development scheme aimed at providing employment to rural communities through community-based and community-owned public works programmes. This involves setting up community-based income generation projects such as food gardens to assist rural communities and especially women to experience the benefits of sustainable development. These projects develop the rural women so that they can be able to stand on their own and not depend on men for economic survival, thus making them less vulnerable to HIV-infections.

The other element of the scheme is developing a nutrition and food programme that focuses primarily on the improvement of a nutritious meal a day. This builds a safety net and establishes food emergency schemes to ensure that poor families, especially children and child-headed households, have food on their table. Rural women should be developed so that they can be aware that good nutrition is good for the body even people who are living with HIV can live longer when they eat healthy food.

Bosire *et al* (2001) reveal that the rising rates of HIV–infections among women and young girls in the rural communities requires a development approach to prevention that address their unique needs and socioeconomic realities. This means that by introducing developmental interventions like food gardens, young girls and women in the rural communities can be empowered and be less vulnerable to HIV-infections.

2.11.3 Feminist theory

According to Preece (2001) gender inequality has been identified as a central feature of HIV-infection rates among women in Africa. She mentions that power relations co-exist with other relations. It is the combination of different axes of power that creates the condition of domination. Tallis (2002) states that decision-making in personal and sexual relationships is often dominated by men and women are always passive in participating. She reveals that due to women's unequal gender roles they are not in a position to negotiate during sex or prior to sex for safer sex. This makes them very vulnerable to infections such as Sexually Transmitted Infections (STIs) or HIV. Tallis (2002) indicates that the relationship between HIV and gender is complex. Gender inequality limits women's access to sexual health information.

2.12 CONCLUSION

This chapter reviewed the AIDS pandemic and its link to vulnerability. The vulnerability of rural women to HIV was discussed, paying special attention to economic, social, physical and sexual vulnerability. Projects that target

unemployed women living in remote rural communities were discussed. Food gardens were discussed looking at their role in reducing vulnerability to HIV-infections. Benefits from food gardens were discussed. A profile of Makotse village and a description of the Makotse Women's Club were given. Lastly community developmental theories were looked into. The next chapter will discuss the research methods and research designs.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

In this chapter the research design of this study and the research process are discussed. According to Trochim (2006) the research design is the glue that holds all of the elements in a research project together. The research design has to be feasible, realistic and cost-effective. Booysen, Lemmer and Smith (1996) indicate that the research design is a very important part of the investigation because certain limitations in interpreting the results are related to the design and also because the design determines how the data should be analysed.

It was stated in Chapter 1 that a qualitative research design was chosen for this study because of the explorative and participatory nature of the study. According to Simelane (1998) the nature of qualitative is oriented to exploration. This allowed the researcher to explore the day-to-day lives of the research participants through participatory observation in the food garden projects at the Makotse Women's Club. The purpose of the study was to explore the possible roles that food gardens can play in influencing the vulnerability of rural women to HIV-infections.

3.2 THE CHOSEN RESEARCH DESIGN: QUALITATIVE FIELD RESEARCH

A qualitative design comprising participatory observation and in-depth interviewing was chosen as it enabled the researcher to gain insight into the lives of the participants by establishing a relationship of trust with them. The researcher participated in some of the day-to-day activities at the food

gardens to enrich her experience and understanding of the women and HIV- and AIDS-related issues in their lives.

Patton (2002) notes that one of the major characteristics of qualitative fieldwork is sustained direct observation of people as they go about their everyday lives. This kind of naturalistic inquiry enabled the researcher to remain open to the contextually embedded and socially constructed character of the research participants' social actions. At the same time, however, the openness demanded flexibility (or methodological pragmatism) in the research design and the researcher made several trips to the study site to observe, work alongside the research participants, listen to their daily conversations as they worked and conducted interviews when appropriate.

In observing and interviewing, the researcher's interest was on capturing the social process of working in a food garden as a rural woman. In note-taking and transcriptions, attention was paid to the indigenous meanings that the rural women attributed to their lives, marriages and their connection to the food gardens and each other. To achieve this goal, the researcher had to cultivate what Patton (2002:41) calls "mindfulness." This implies getting close to the research participants and developing insight into their personal experiences; but the researcher should adopt a non-judgemental attitude by demonstrating openness, sensitivity, respect, awareness and responsiveness.

As an exploratory study, the gathering of data was not guided by specific hypotheses, but instead data collection and analysis were synthesised through conscious, reflexive note-taking in the field, recording of personal interviews and writing in a field journal. Upon reflection, the researcher feels that the chosen methodology enabled her to learn about a social world about which she knew very little. This made it possible to not only ask "why food gardens" but also "how" food gardens impact on the lives of rural women.

3.3 SAMPLING AND SAMPLING TECHNIQUES

Purposive sampling was chosen in selecting women for in-depth interviews.

The women were selected based on the following criteria:

- They were involved in the food garden projects of the Makotse Women's Club
- They were married or in a conjugal relationship
- They have already been exposed to training regarding HIV and AIDS. It has been established during an initial meeting with the Club that the majority of these women have already been exposed to HIV/AIDS training. This training included, among others, knowledge about the causes of HIV and AIDS, symptoms, prevention and treatment.
- They were between the ages of 30- and 49-years
- They were "data rich" individuals able to talk freely about their lives as rural women in the time of HIV and AIDS and as full participants of the food garden projects of the Makotse Women's Club.

Eventually five women participated in the in-depth interviews. All the women present at the Club during the days of observations were included for the observation section of the fieldwork. The observation phase served as a precursor to the in-depth interviews and allowed the opportunity to select the most appropriate candidates for the interviews based on the above-mentioned criteria. All interviews were conducted at the Makotse Women Club. Observation took place over a period of 2 months.

3.4 PARTICIPANT OBSERVATION

The researcher spent a lot of time (a period of two months) at the Club, and became a known and trusted person. The researcher took part in daily activities, including working in the gardens, together with these women, and

was able to observe what they did. In this way the researcher was able to observe and make decisions based on her observations not just from questions. The researcher assisted the women in their daily work, in the fields and during travelling between their dwellings and the Club.

Participatory observations were done prior and during the interviews as well as during the researcher's participation in the food garden projects. An observation checklist was developed to facilitate observations pertaining to the interaction between these women and food gardening, how the organisation functions and supports them, and how food gardening affects them in HIV and AIDS issues.

3.5 IN-DEPTH INTERVIEWS

In-depth interviews were conducted with the participants at the Makotse Women Club. The researcher met the five participants individually in a private, separate and safe room. After introducing herself and explaining the purpose of the study, broad research questions were introduced to facilitate the discussion on experiences, feelings and views about vulnerability to HIV-infection and involvement with food gardens. Permission was sought to audio-record each interview for data analysis and interpretation.

During the interviews the researcher allowed the participants to fully express themselves by assuring them there was no right or wrong answer but that she was interested in their experiences, feelings and views. The researcher continuously assured them that all information will be kept confidential. Probing was done on some answers and each interview was immediately transcribed and read after a day in the field to ensure that the purpose and objectives of the study were achieved.

3.6 DATA ANALYSIS AND INTERPRETATION

All the in-depth interviews were transcribed word-by-word in Sepedi thereafter; they were coded into meaningful themes based on the purpose

and objectives of the study. The researcher listened to the audio-recorded interviews several times to ensure that her transcription was valid and to enrich the summaries of the research themes.

In analysing the data, the researcher read the transcribed interviews and her personal notes from the participatory observations and personal journal carefully to get a sense of the whole research story. As the interviews were conducted in Sepedi, the researcher translated the transcribed interviews into English in order to subtract the recurring themes. The translated interviews were then validated by one of the participants as a fair translation of their responses. Specific quotes were identified to validate the research findings as authentic and creditable. The researcher then reduced all the data into themes. Data belonging to the same themes were grouped together in a separate computer file. Each themed file was used to write up the narrative summaries of the themes. Notes from the field journal were added to each theme to enrich the summaries. This compilation of interview and observation data enabled the researcher to develop a holistic perspective in which food garden engagement by rural women can be understood as a complex system of interdependence and interaction that cannot be reduced to a few concrete variables.

3.7 VALIDITY

The research design is important because it determines how the data should be collected and analysed. A qualitative explorative research design was used to gain insight and to understand the experiences, feelings and thoughts of the participants as well as to identify some unique experiences in the research topic.

For this research, validity meant that the researcher had to interview and observe the women and establish whether these women's involvement in the project reduced their vulnerability to HIV-infections. Authenticity of the data was guarded by ensuring that the appropriate participants were selected. The

translation and re-translation of the transcribed interviews assisted the researcher to ensure that her data analysis and interpretation were credible.

3.8 ETHICAL CONSIDERATIONS

Any study that involves human beings has to be conducted with ethical considerations about the fairness and justice of the research process and its results. All possible strategies must be implemented to prevent the violation of the rights of the participants.

In this study participants were fully informed about the purpose of the study and about what their participation in the research entailed. An informed consent form was used to facilitate confidentiality and to grant permission to continue with the research. Although some of the participants could not read the consent form but all of them were able to sign it. The researcher translated the form into vernacular. The researcher kept these consent forms in a safe place.

The researcher was indebted to Makotse Women's Club members for their selfless support and co-operation through out this project. The research findings will be sent to them in due course. The submission of the findings will be accompanied by the researcher's recommendations on how to strengthen and improve the role of the club.

3.8.1 Confidentiality

Confidentiality has to do with ensuring that what is discussed or shared during the research process must not be disclosed to any third party without the formal consent of the participants. This study was conducted in a sensitive and confidential manner. A suitable and safe venue that ruled out disturbances was secured for the in-depth interviews. False names were used in the findings and analysis to protect the identity of the participants. All data collected were kept locked up at the researcher's home during the period of the research.

3.8.2 Informed consent

An informed consent form (see the attached copy in Appendix A) was used to seek permission from the participants to participate in the research. The researcher translated the consent form verbally to the women.

3.8.3 Voluntary participation

The participants were not forced to participate in the interviews. Supportive techniques were used to encourage them to participate throughout the whole research process (interviews and participatory observations) and to maintain rapport.

It soon became apparent during the initial days of fieldwork that the notion of HIV and AIDS is highly stigmatised in the village. Every effort was made not to add to the fears and stigma due to the research interventions. HIV and AIDS were openly discussed in a final general meeting before leaving the field.

3.8.4 No harm

The researcher did not deceive the women in this study. She avoided isolation and talked to them in general about HIV and AIDS. She ensured that the interviews were conducted in a safe place.

3.8.5 Privacy

The right to privacy was respected in this study. All the women were informed about the study in advance, they were informed that the researcher would participate in their activities and observe them.

3.8.6 Protection

Protection of the rights of the participants was a priority in this study.

3.9 REFLECTING ON THE INSIDER AND OUTSIDER ROLE OF THE RESEARCHER

The researcher's outsider-status should be regarded as potential areas of bias in the data-gathering (Patton 2002). Feminist approaches problematise the researcher-researched relationship as belonging to a world consisting of unequal resources, privilege and power. Feminism works towards demystifying objectivity by regarding knowledge of self and knowledge of the other to be mutually informing. The feminist project is to let women speak, to fight against methodologies that would silence women's voices. The kind of reflexive methodologies upheld by feminists privileges the voice of the subject. Such an approach endeavours to break down culturally-constructed authority differences so that voices that were previously silenced can be heard. Reflective openness requires that the researcher remains aware of the danger that interpretation might change the story and might silence the voice of the researched (Chamberlain & Thompson 1998).

Despite the researcher's own conscious efforts to understand the lives of the research participants, the danger remained that interviewees would be (to some extent) objectified. This required that the researcher had to constantly reflect on the difference between exploration and exploitation. In addition, the differences in the world views and lives of the researcher and the researched were apparent throughout the study. The researcher is an educated, urban woman and does not face the same ravages of deprivation as the rural women in her study. Some of these tensions between the insider and outsider roles were resolved through keeping a field diary and being actively involved in assisting with the endeavours of the Club.

3.9 CONCLUSION

In conclusion, a qualitative fieldwork-based design was selected for this study. Since it was explorative in nature, a variety of methods were used to collect

data from the participants, among others, interviews, observations and journal writing. The next chapter deals with research analysis and findings.

CHAPTER 4

FINDINGS AND ANALYSIS

The purpose of this study was to investigate the role that food gardens can play in influencing the vulnerability of rural women to HIV-infections at the Makotse Women's Club. The objectives of the research included:

- To explore the types of vulnerabilities that exist in women in the rural communities to HIV-infections
- To explore how food gardens have influenced the vulnerability of women to HIV-infections
- To investigate what other developmental interventions have been implemented by the Makotse Women's Club to influence the vulnerability of women to HIV-infections
- To investigate possible lessons learnt by the participants
- To explore possible actions that can be taken to enhance the participation of rural women in food gardens.

As described in the previous chapter, qualitative fieldwork was used as a research method to achieve the purposes and the objectives of the study. In this chapter, the findings of the data analyses and interpretation are presented in narrative summaries under themes and sub-themes related to the purpose of the research. The chapter is organised in a first section which deals with the biographical characteristics and socioeconomic situations of the participants. The second section provides narrative summaries based on the themes and sub-themes coded from the transcribed interviews. It also includes some of the researcher's own observations and quotes from the participants.

The last section summarises the main results of the study and introduces the next chapter.

4.1 BIOGRAPHICAL CHARACTERISTICS AND SOCIOECONOMIC SITUATIONS OF THE PARTICIPANTS

All of the research participants lived in and around Makotse Village and found the Club fairly accessible as the majority of the women reported travelling times of between 10 to 30 minutes between their homes and the Makotse Women's Club. At the Club the women participated in projects, including food garden projects. The proximity of the Club was also central as it allowed the women to travel to and from the Club during day-time. As *Esther* explained:

"It is not far from the projects, it can be 15 minutes to the projects, and you just pass two streets".

The youngest participant was 30 years of age while the oldest was 48 years of age. Three of the 5 women were married and two have never been married. The married respondents had been in their relationships for a long time (between 5 to 17 years). Most of the married women described their relationships as troublesome. For example *Esther* said:

"Now that the children are grown up there are some ups and downs in the marriage."

Naomi described her marriage as something she merely had to cope with; for example:

"There are happy and unhappy moments, you cannot predict the marriage. Life goes on with challenges and problems and the children are growing up."

The subordinate role of women were normalised by the women at Makotse village. In this village, people believe that a man is the head of the family and a woman is seen as subordinate to a man. This was highlighted by *Naomi* during the interview when she explained that men are still taken as superior while women must obey men's laws. She explained that it is still a taboo to

talk about sex with one's husband or partner; but since their involvement with food gardens at the Makotse Women's Club, these women felt more empowered to start discussing previously taboo topics at home.

Most of the participants indicated that since they have been involved with the Makotse Women's Club, they felt empowered by programmes directed at improving their literacy levels and developing joint strategies to alleviate poverty. Some of the participants felt that they are empowered to make independent decisions about their sexuality and their sexual lives. Other participants indicated that despite these efforts, there are still some men who shift their responsibilities to women, especially regarding disciplining children. Men were described as spending most of the time drinking alcohol and women were left with the challenges of parenting and child discipline.

In table 4.1 the fertility histories of the five participants in the in-depth interviews are given to illustrate the diversity of family structures.

Table 4.1: Number of living children of the research participants

Age of women	Number of living children	Number of boys	Number of girls	Age of first born child	Age of women at first birth	Age of youngest child
30	0	-	-	-	-	-
38	4	1	3	19	19	5
45	5	3	2	21	24	7
47	0	-	-	-	-	-
48	7	5	2	26	22	7

In Table 4.1 the fertility histories of the research participants are summarised. Whereas two of the research participants had no children, the relatively higher number of children (4, 5 and 7) for rural South African women fits the general observation by demographers that fertility rates are higher in the rural than in the urban or peri-urban areas of South Africa (Garenne, Tollman, Collinson & Kahn 2007).

The two women who had no children were never married. They became involved in the projects because they were unemployed and wanted to earn an income from working in the food gardens. These women felt they were vulnerable because they could not raise their voices. They joined the Makotse Women's Club so that they could stand on their own and not depend on their partners.

The profiles of the participants explained above reflect the everyday lives lived by these women. Their relationships with their partners were characterised by forced obedience, male domination and lack of control in both their public and private lives. Although the women at the Club complained in private about their domestic situations, they were not openly confrontational with their husbands and male partners. According to the research participants, most men at Makotse were still stuck in a mindset that championed the voices of men. From the researcher's observation, it was clear that men at Makotse were still sexist, believing that women cannot do anything productive and that their place is in the kitchen. During the interviews the participants often mentioned this attitude of men. It also became apparent that prior to their involvement with the food gardens project, the women were indoctrinated not to defy the commands of their husbands and male partners.

4.2 BIOGRAPHIES OF THE RESEARCH PARTICIPANTS

This section reflects the life histories of the five research participants who participated in the in-depth interviews.

Esther was a married woman who lived with her husband at Makotse village. Her husband was 20 years older than her and he was a pensioner. *Esther* impressed the researcher as a very energetic woman who was always willing to participate in different activities. She was dedicated and she had a ready answer for each question posed. She mentioned that her marriage was blessed with seven children. Three of her children did not stay with her but rather resided at Sekgoweng (a southern urban area).

Despite describing her large family as a “blessing”, *Esther* also expressed concern that she was no longer able to exert control over her younger children:

“These days children do not listen to their parents; it is not like the olden days”.

These tensions also inhibited her marital relationship, as she explained:

*“When their father is disciplining them and you don’t say a word,
He is complaining that you are siding with them, that is where
The friction starts. I just take it that is old age”.*

Esther felt that the domestic tensions such as conflicts in the family negatively impacted on her health and well-being:

*“Ke mo go bago le dikgogagogano, ke bona e le gore ke a
sesefa, ga ke sa ipshina ka bjona go swana le pele”*

*(Where there are conflicts, I become weak; I am no longer
enjoying it (marriage life) like before.)*

Naomi was a 38 year old married woman who had lived at Makotse Village her whole life. She was married for 17 years and her husband was working at Sekgoweng (Southern urban area). She was a very reserved person, but the researcher was amazed by her dedication to what she was doing at the Makotse Women’s Club. She had four children. One of them was a student at a tertiary institution and the others were staying with her. She said that God had helped her throughout her marriage because there were happy and unhappy moments. Despite all the challenges and problems, she could earn a living and maintain her family:

*“Le ge go na le ditlhotlo, bophelo bo tšwetše pele,
le bana ba a gola”*

(Despite the challenges and problems, life went on and the children were growing)

Kgaogelo was a 30-year old unmarried woman who had a partner that did not stay with her. She lived at Makotse Village, not far from the food garden projects. She had no children but intended to have some as soon as she gets married. She expressed herself very well. The researcher was astounded by her confidence and her determination. She was a very determined woman who wanted to reach her goals. Joining the food gardens project, had given her the hope and power to conquer her problem:

*"I will acquire the skills that I need,
Nothing will stand on my way"*

She participated in various projects and led different projects such as food gardens at the Makotse Women's Club. Despite the fact that she never had a chance to further her studies because of financial constraints, she felt that she could still achieve some goals.

Lerato was an unmarried woman of 47 years who lived at Makotse Village since birth, not very far from the projects; for example, she pointed out:

"It is nearby, it can be 10 minutes"

Although she was not married, she had a partner who did not stay with her. She casually described this as *"just a relationship"*. She did not have children. When interviewing her, the researcher found that her presentation was open and honest. She took her involvement in food gardens seriously because it freed her from the chains of poverty and deprivation:

"E ntšhitše gare ga bodiidi le mohlako"

(It took me out of want and suffering)

Food gardens took these women out of poverty because they can take some food home to feed the children and gain a small income from selling the food.

Rina was a 45 year old married woman. She had 5 children and they were all staying with her. Her husband was working at a nearby urban area and came home on a daily basis. It was very easy for her to access the projects because as she mentioned: *"It is not far"*. She expressed herself well and mentioned that her marital relationship was at first troublesome, but improved over time, although her husband still believed that a man is the natural, undisputed head of the family and that women were perpetually inferior to men:

"Lenyalo la rena le be le na le mathata ka gore molekani waka o be a re ke yena hlogo ya lapa a ka se botšwe ke mosadi selo".

(Our marriage has some complications because my husband was insisting that he is the head of the family)

The majority of the women mentioned that their male partners were not staying with them, because most of them were migrant workers:

"Ba šoma Makgoweng le metsananeng ya kgauswi"

(They are working in urban or surrounding areas)

Some were not sharing a dwelling with their partners despite them working nearby, because they were not married. Although the women were faithful to their partners they felt unsure about their partners' fidelity. As *Esther* mentioned during the interview:

"Even if you can be faithful you will never know what your partner is doing when you are at work"

All the participants expressed the hope that in setting up food gardens they could gain financial independence and have greater control over their lives:

“Ga re sa lebelela tšhelete ya banna, re kgona go laola maphelo a rena”

(We don’t want our husbands’ money; we can make our own money)

4.3 WHY THE PARTICIPANTS JOINED THE CLUB AND WHAT KEPT THEM THERE

All of the participants had been in the projects for periods ranging between 2 and 12 years.

Esther- two years

Lerato- three years

Rina- Five years

Naomi- Six years

Kgaogelo-12 years

The majority of the women mentioned that they remained with the Club because it offered them the opportunities to take some food home to their families, and they gained a small income to care for their children; for example *Esther* said:

“I felt it is difficult to depend on the money from my husband, it is not enough to support the whole family because I still have some children who need some things for school”

The food gardens project not only brings financial gain to these women; it also encourages or instils a spirit of communal giving and sharing:

“We sell food from the gardens and share some profit”

As a results of illiteracy and ignorance some of these women where not aware of the exact number of participants in the organisation, as some answers to this ranged between 59 and 80 members. To bolster these women the researcher assisted them in information filing which included among others their names, ages and numbers. Most of the participants derived a positive sense of achievement and happiness:

"It is nice to work at the Makotse Women's Club"

"There is nothing that makes me unhappy for working for Makotse Women's Club"

Only one of them, *Kgaogelo*, said although she was happy, there was one thing which made her unhappy about working at the Makotse Women's Club:

"I don't like gossiping at the work."

She said although the organisation was doing *"a good job,"* some of the women who are working at the organisation liked gossiping about other women and that this was counter to building healthy relationships and undermined the morale of the group.

The Makotse Women's Club made them aware of their fundamental human rights as women. They pointed out that they would keep on working for the organisation because they loved their job. They said they personally felt that being involved with the Makotse Women's Club taught them many things that they would not know about if they were at home. The Makotse Women's Club freed them from the burden of economic instability, under-development, unemployment and poverty.

4.4 INDIVIDUAL INVOLVEMENTS OF THE RESEARCH PARTICIPANT IN THE ORGANISATION

Esther said she got involved in 1995, and that at that time her husband was still working. She admired the work that the women at the Makotse Women's

Club were doing. She got interested in joining for the following reasons: Firstly, it was difficult for her to depend on her husband for economic survival. Secondly, she had a large family and some of her children were still at school and the money that her husband provided was not enough.

She then interacted with the women who were participating in the activities of the Makotse' Women Club. At that time they were conducting workshops on cooking and she attended them. Later the Club called for volunteers to help in the food gardens project and she made herself available to volunteer. She volunteered until she was told that there was a possibility that the organisation would need some workers in the gardens to work full-time.

After joining the Club, *Esther* developed skills for different activities such as tilling the soil and in financial and project management. There were times when she would receive up to R300 per month from the sales but the food gardens project was not always stable. Despite this and the poor profit they made with the food gardens, most women persevered (including *Esther*) because the food gardens project was their only hope for survival and economic independence from men and survival for their families. *Esther* mentioned that about sixty other women were working at the Makotse Women's Club; she said that she enjoyed working at The Makotse Women's Club:

"If you like your work you will always be happy".

She elaborated by saying that she enjoyed working at the Makotse Women's Club especially caring for ill people in the community and giving them some nutritionally balanced food from the food gardens. She also mentioned that they always guided the families who were living with ill persons to ensure that they give them certain good foodstuffs that are likely to boost their immune systems. They also donated some of the income from the food gardens to transport ill people to health and medical services like medical doctors. According to her, they also helped orphaned and vulnerable children in accessing social grants; they also took such people to the social workers for

other psychosocial support services. As a general observation, the researcher found that although these women worked under very hot and harsh conditions, they did not mind assisting their community in gaining access to the food gardens because they knew that they were making a difference in the lives of their communities.

Esther strongly felt that nothing could make her achieve a greater sense of satisfaction and fulfilment than working at the Makotse Women's Club and in the food gardens. This mental attitude coloured her daily conduct and she said:

"If you were not grateful and stayed at home where would you get the money?"

The women knew that on the 25th of every month they get their salaries. *Esther* describes the feeling of accomplishment she felt when arriving at home knowing that she provided for herself and her family. According to *Esther* she got help because she was no longer suffering from financial dependency on her husband at her home. She said:

"I don't have stress anymore".

Naomi mentioned that she got interested and felt she could join the Club because the community needed help and she needed to be empowered to look after herself and her family. Her husband was working far from home; she had to wait for each month's end to get some money from her husband to take care of the household. She felt that if she joined the Makotse Women's Club she would no longer depend on her husband for economic survival as she would contribute to the maintenance of the household. She had been involved for in the food gardens for six years and she estimated that between 70 and 80 women are currently working at the Club. According to her she enjoyed working at The Makotse Women's Club because the organisation helped her. It enabled her to buy bread for her children and she learnt a lot

from the organisation such as practical skills and information about HIV and AIDS. For example, working for the club increased her capacity to:

“Think for the next person and to care for other people”.

In her opinion there was absolutely nothing that made her unhappy about working at the Makotse Women’s Club:

“If I was at home I would not be knowing the things that I know now”.

Naomi revealed that the Makotse Women’s Club helped women to gain better knowledge of gardening. They learnt how to cultivate food in the gardens. She said she would keep on working with this organisation because she loved this job as it provided her with opportunities to acquire new survival and coping skills and to learn more about HIV and AIDS; in this way she can be less vulnerable to HIV-infections.

Kgaogelo said she was impressed by the way the projects at the Makotse Women’s Club contributed to community development and women empowerment.

“They call workshops to empower and develop women”

She indicated that she felt that by being involved with an organisation such as the Club she gained a lot of skills that she never had before such as home-based care and project management. She felt that the knowledge and skills she already gained inspired her to want to study to become a nurse or a social worker. She said she understood human nature better since she started working at the Club and she would like to keep on working for the organisation because she was about to realise her life dream. She also mentioned that she had also acquired computer skills.

Unemployed and ignorance made life misery for these women; as Lerato puts it:

“I was not working, life was difficult for me”

She then observed women going to the Makotse Women's Club to cultivate some food, selling some of it and taking some food home after work. She then got interested and volunteered; ultimately she was appointed as a permanent worker in 2006. *Lerato* enjoyed working at the Makotse Women's Club and it was purely out of love for the kind of work she was doing that she is still involved. She felt that by working at the Makotse Women's Club she got educated about HIV and AIDS and acquired some skills to cope with life:

“They trained us about HIV and AIDS, and some life skills”

She felt she would keep on working for the organisation especially because it was close to her home.

Rina said she volunteered for the whole year before she could be remunerated for her involvement in the food gardens. She said she had no job before she came to the Makotse Women's Club. She volunteered with the hope that she would get a job as she was suffering from severe economic pressure to look after herself and her family. According to her there were 59 women working at the Club; she enjoyed working at the Club because she started earning a salary. Working at the food gardens project gave her a sense of achievement and freedom of decision-making:

“The money that I get satisfies me, I can do whatever I want with it”

There was nothing that made *Rina* unhappy to work for the Makotse Women's Club. She felt that by being involved with the organisation, she has improved in many respects:

“Since my involvement at The Makotse Women’s Club I feel I got education about things that I did not know before like HIV and AIDS and some life skills”.

Since she joined the organisation her general knowledge had improved, she knows more about how to deal with issues like HIV and AIDS; she has gained self-confidence. She said she would keep on working with the organisation, because this meant a lot to her fellow club members.

It is quite clear that all the women were impressed with the Makotse Women’s Club. Everyone mentioned that it helped them in one way or another. Women were given power to take decisions about their reproductive health. *Esther* mentioned that she once had an infection and went to a clinic for a treatment, and that she was strong enough to discuss this with her husband. She even convinced him to go to the clinic for a check-up, something that she could not do before her involvement at the Makotse Women’s Club. At the Club the women learnt about HIV and AIDS and its devastating consequences. There were some posters on the walls and they were talking about HIV and AIDS among themselves. You could see that they had knowledge about HIV and AIDS, especially when they talked about home-based care, you could feel that this comes from them heart; they were dedicated and committed to what they were doing.

4.5 THE INVOLVEMENT OF THE RESEARCH PARTICIPANTS IN THE FOOD GARDENS PROJECT

Esther described how they ploughed vegetables in the gardens. According to *Esther* they aimed at eradicating poverty and giving people healthy diets. She said that besides the physical work in the gardens, the women planned new gardens and bought seedlings. In order to improve their knowledge, the women attended *Tompi Seleka* (an agricultural school) to observe how they cultivated edible plants. *Esther* said that she enjoyed working with the soil and even had an own vegetable garden at her home. She explained that a typical season would consist of one day for tilling the soil and preparing the

vegetable beds which was followed by a seven day period in which insects were killed. After three weeks, fertilisers are added. Mornings consisted of irrigating sprouts to avoid the heat of the afternoon. She felt that she benefited from the food gardens.

She pointed out that she was prepared to continue to participate in food gardens. She wanted to take care of the patients, these are the patients they visited during home based care programmes, they are at home and ill because of HIV and AIDS, take care of the orphans and strengthen support groups. When patients and children were hungry, they gave them the food from the gardens. Community members were able to buy vegetables from the food gardens at reasonable prices. *Esther's* favourite vegetable was beetroot which she described as "useful to people with blood shortage". She knew that people living with HIV required a diet rich in healthy food like fruits and vegetables to boost their immune systems. She felt that this project made a difference in the lives of the people of Makotse.

Naomi's view of the food garden project was that it celebrated the place (that is the physical space and its resources) and that this was a reason to be proud of their achievements because the food that they were growing helped the community. To her, the food gardens played a significant role in her community particularly because, through their own efforts they could ensure that fewer people went to bed on an empty stomach. *Naomi* concurred with *Esther's* explanation of a season in the food gardens and explained that the women drew up time tables to know what to do each month and which group was responsible for what. *Naomi* liked the idea of having food to take home after a day's work. She said that she would continue participating in food gardens because it alleviated the community's suffering.

Kgaogelo's observations about the food gardens carried similar sentiments about a piece of land as expressed in *Naomi's* narrative. She narrated how she was personally involved in cultivating spinach, cabbage, tomatoes, carrots, lettuce and fruits like mangoes and paw-paw. She explained how she obtained skills to grow her own food garden at home and how this enabled

her to save money on household expenditures for food. *Kgaogelo* especially enjoyed the opportunities for cooperation with other women and for socialising offered by her participation in the food gardens. Working in the food gardens was the only job she ever had and she defined herself as a small farmer.

Lerato was less lofty in her praise of the food garden and said:

“It is better than nothing”

One could see that if *Lerato* had had another option she could take it; like she said during the interview, she could not leave because it is not far from home and she is getting something from the project.

4.6 THE POSSIBLE ROLE OF FOOD GARDENS IN INFLUENCING THE VULNERABILITY OF THE PARTICIPANTS TO HIV-INFECTIONS

Although the researcher could not verify whether the women’s reported condom use was fact, it was surprising that most of them said that they had convinced their partners to use a male condom. All five women were able to talk about HIV and AIDS with their partners, although some reported that after first refusing to consider it, their partners agreed to use it. *Rina* said that her husband refused to use it even after she explained to him the dangers of not using it.

The majority of the research participants agreed that their involvement with food gardens helped them to become more knowledgeable about preventing HIV-infections. *Esther* explained that since she became involved with the food gardens she was able to talk about HIV and AIDS with her husband. She said that they discussed the reality of HIV and AIDS and the importance of being faithful to one another. Empowered with the knowledge and negotiating skills she gained at the Club, she found it easier to use condoms at home. She explained that she used condoms because she doubted her husband’s fidelity; she said that African men believed that they had cultural permission to have multiple sexual partners. *Esther* pointed out that her involvement with

food gardens helped her to earn a modest income, which made her feel that she had the right to control her own life.

Naomi explained that since she became involved with food gardens she was able to talk about HIV and AIDS with her husband because it opened her eyes. She told her husband that HIV and AIDS meant that they had to be faithful to one another because if he became infected he would also infect her. She described this process of convincing her husband as a difficult one, because he at first dismissed her fears. Only after she brought home pamphlets from work and showed them to him did he understand that there was no cure for this disease. According to *Naomi* women must talk about HIV and AIDS with their partners.

Kgaogelo also found the information and education received at the Club as beneficial in introducing the topic of HIV and AIDS to her partner. She explained that neither she nor her partner know their HIV-status.

Lerato also felt that the efforts of the Club to educate women about reproductive health helped her to talk about HIV and AIDS with her partner. According to her they agreed to stop having unprotected sex and that they used male condoms. She mentioned that at first her partner reacted badly to this and said that she was accusing him of being infected with HIV.

Rina's own efforts to practice safer sex at home were met with a lot of resistance from her husband who protested that he had always been faithful to her. *Rina*, however, felt that men cannot be trusted and that by not using a condom her husband was putting her life at risk. Whereas the researcher could not verify whether *Rina's* fears had any foundation in reality, the usefulness of the ABC-campaign (abstain, be faithful and use condoms) is clearly questioned in a rural setting where male infidelity is regarded as the norm and condom use seen as a breach of trust. Without testing for HIV, *Rina* and her husband would never know whether their assumed faithful relationship implies a low risk for infection.

It is surprising that so many of the participants reported that they were using male condoms. However, gaining knowledge and having access to free condoms were illustrated as having an impact on these women's lives. The fact that they actively contributed to their household's incomes and brought food home, gave them the courage to breach subjects in their domestic spheres which were previously regarded as taboo. All of the research participants reported that they talked about safer sex with other female relatives and women in their communities.

4.7 THE RESEARCH PARTICIPANTS' KNOWLEDGE AND AWARENESS OF HIV AND AIDS

Most of the participants reported that they first learnt the facts of HIV and AIDS at the Makotse Women's Club. The Club held various HIV and AIDS activities and conducted workshops. Women at the Makotse Women's Club shared the knowledge they gained through participating in these activities. The researcher was able to ascertain that the women's knowledge of transmission and prevention were correct. They also spontaneously mentioned the problem of orphans and vulnerable children left in the wake of AIDS-related mortality.

Lerato was the only one to mention that she obtained her knowledge of HIV and AIDS from television. According to her, most of the home-based care patients she attended to as part of the Club's activities were AIDS patients. Through the Club's intervention these people were transported to the clinic, encouraged to follow the instructions of their doctors and to stick to their treatment regimes and to eat a healthy diet.

4.8 SYNTHESIS OF THE RESEARCH FINDINGS

From the above stories told by these women, one can identify a commonality in their experiences and interpretations of their involvement in food gardens. Born and bred in rural areas, these women have spent their childhood in isolation, ignorance, illiteracy and poverty as Legodi (2008) mentioned. Their

only survival was through entering into ill-planned marriages and romantic relationships, as one of the participant mentioned during the interview. These relationships and marriages were characterised by male oppression, lack of control over their sex and unplanned childbirth in a patriarchal, male-dominated rural society.

Their situations had a negative impact on their intellectual, spiritual and economic development, hence leaving them helpless and disempowered to take charge and control of their lives. Their helpless and disempowered status, would, possibly, have increased their vulnerability to HIV-infections. Since their involvement in food gardens, their vulnerability to HIV has been reduced, as they indicated during the interviews. This took the form of being able to talk about sex and condom use with partners.

The women held different views about the reason why they were involved in the food gardens like a love of agriculture, poverty and a need for social contact. Moreover, all of the women agreed that they benefited from the project. All these women indicated that that they took something home to feed their children. Two of them expressed a pride in their place as a special space where they can cultivate fruits and vegetables. The participants also mentioned that because of their involvement with food gardens, they had also acquired knowledge, because they were aware of things they were not aware of before their participation. They no longer suffered extreme financial dependence on men.

4.9 CONCLUSION

From the analysis of the interviews and from observations in the field it can be deduced that what started as a mere food garden project lead to far-reaching changes in the economic status and the psychosocial lives of some rural women. This, in turn, reduced their vulnerability to HIV-infections.

CHAPTER 5

CONCLUSION AND THE WAY FORWARD

In this final chapter, the major findings are summarised and conclusions are drawn and recommendations made. The study is evaluated and suggestions are made for a possible way forward for future research.

5.1 REVIEW OF THE CHAPTERS

In the first chapter the research topic and the research problem were introduced. The chapter outlined the role of food gardens in mitigating the vulnerability of rural women of Makotse village in Limpopo to HIV and AIDS. A description of Makotse village was given. The rationale, purpose of the study and research design were discussed. The limitations of the study were indicated. It was explained why and how a qualitative research approach was chosen in order to explore the linkages between food gardens and the vulnerability of rural women to HIV-infections.

In Chapter 2 the literature on the influence of food gardens in reducing the vulnerability of rural women was reviewed. In the third chapter the research design of the study and the research methods used were detailed. Since the study was explorative in nature, there was a variety of methods that were used to collect data from the participants, among others, interviews, observations and journal writing.

The analyses of data assisted the researcher in establishing whether there was a link between food gardens and women's vulnerability to HIV-infection and the research findings were reported in Chapter 4. In the first section, the biographical characteristics of the research participants were discussed. Thereafter, important themes stemming from the transcription of the interviews and the analyses of the transcriptions and observational notes

were discussed, drawing on the research participants' own words in their narrations and on the notes jotted down by the researcher during fieldwork observation. This chapter concludes with a summary of the views of the research participants and the researcher's observations.

5.2 SUMMARY OF THE FINDINGS

The study found that the participants held similar opinions which confirmed that food gardens played a huge role in their lives. Through the women's involvement in the food gardens they were enabled to take responsibility for their own lives and their vulnerability to HIV-infections has been reduced. They acquired skills to grow their own gardens at home and were able to feed their families and earn a small income from selling food. This meant that they no longer depended on their partners for economic survival.

The majority of the research participants learnt at the Club how to convince their partners to use condoms and to negotiate safer sex so that they could be less vulnerable to HIV-infections. They did not keep the knowledge gained through the projects to themselves; instead, they disseminated it to the community.

This study widened the researcher's perception of the influence of food gardens in reducing the vulnerability of rural women to HIV-infections. She has seen how the food gardens contributed to empowering the rural women of Makotse. The study uncovered insights into the experiences and feelings of rural women about how food gardens have influenced their vulnerability to HIV-infections. These insights, *inter alia*, are:

- (a) Food gardens have enabled women from different backgrounds to come together, to express and share their frustrations
- (b) Food gardens have given these women a sense of meaning and purpose in their lives because now they can take control of their own lives and they are aware of HIV and AIDS, and their vulnerability to HIV-infections is reduced
- (c) These women's financial independence has freed them from poverty and male domination

- (d) Food gardens have empowered these women, giving them control over their sexuality, hence reducing their vulnerability to HIV-infection
- (e) By participating in the food gardens project at the Makotse Women's Club, the women were able to become aware of other developmental interventions like poultry and bakery projects, home based care, drop-in-centres and day care centres
- (f) Food gardens have enabled these women to disseminate the information they have to other women in the rural area.

In Chapter 2 it has been reported that UNIFEM (2006) suggests that more than half of the world's population of people living with HIV are women. It is, therefore, important to introduce developmental interventions like food gardens to empower rural women so that they can be less vulnerable to HIV-infections. My study showed that the establishment of food gardens liberates and empowers women both materially and intellectually.

O'Donnell (2004) theorises that food gardens play an important role in developing rural women. My study has established that there is a strong relationship between rural women's vulnerability to HIV-infections and poverty. These women's poverty renders them weak and incapable of taking control of their lives. The women's helplessness reduces them to a state of dependence on their male counterparts. These women's state of dependence leaves them vulnerable to male dominations and harassment. Tallis (2002) explains that development interventions like food gardens empower rural women to gain access to information, skills, services and technologies that allow them to participate in decision-making at all societal levels. My study showed that food gardens can empower women in terms of financial management, communication skills, thus reducing their vulnerability to HIV-infections.

As discussed in Chapter 2, the AIDS Risk Reduction Model theory details people's efforts to change sexual behaviours related to HIV-infections. The model has often been used to assist developmental interventions in rural communities like food gardens to influence the sexual lives of community

members and to reduce their HIV-infections. My study showed that the establishment of food gardens liberates and empowers women both materially and intellectually. It is when rural women have the financial muscle and intellectual power that they can take charge of all aspects of their lives, including their sexuality.

In Chapter 2 the Developmental theory was outlined as stating that the government has initiated a community-development scheme aimed at providing employment to rural communities through community-based income generation projects such as food gardens to assist rural communities, and especially women, to experience the benefits of sustainable development. My study has established that women who participated at Makotse Women's Club were empowered because they were even exposed to other developmental interventions.

The Feminist theory as discussed in Chapter 2 establishes that gender inequality has been identified as a central feature of HIV-infection rates among women in Africa. The theory revealed that decision-making in personal and sexual relationships is often dominated by men and women are always passive in participating. The theory further said that, due to women's unequal gender roles, women are not in a position to negotiate during sex or prior to sex for safer sex. This makes them vulnerable to HIV-infections. My study showed that food gardens can reduce women's vulnerability to HIV-infections. It is through this project that women can acquire the power, the authority, the capacity and self-confidence to lead meaningful and rewarding lives.

5.3 RESEARCHER'S OBSERVATIONS

The effectiveness of the research methodology as a process of inquiry is assessed through the findings. The nature of the study required the researcher to spend extensive time with the participants to establish a trusting relationship, to listen and learn from them. With developmental interventions like food gardens, rural women can be empowered to take control over their

lives, thus reduce their vulnerability to HIV-infections. On the basis of this, a few recommendations are given below.

5.4 RECOMMENDATIONS

In the light of the above positive role that food gardens can play, the following recommendations are suggested:

5.4.1 There is a need to encourage rural women to set up and join food gardens in larger numbers.

5.4.2 Men in the rural communities must be encouraged to support their wives and lovers and participate in food gardens.

5.4.3 Projects like food gardens must be funded by government as part of interventions to reduce women's vulnerability to HIV-infections.

5.4.4 Government must assist women in the acquiring seeds, ploughing equipment and irrigation equipment

5.4.5 Women must be given life skills training; project and financial management skills. Rural women should be given marketing skills in order to market their food products.

5.4.6 There is a need for collaboration and coordination if the impact of food gardens on women's vulnerability to HIV-AIDS is to be deepened. The government should legislate and encourage the establishment, and subsidisation of food garden projects, particularly in the rural communities. This can be achieved through collaboration and co-ordination between, for instance, the Departments of Agriculture, Health and Social Welfare, local authorities, traditional leaders and established farmers in the rural communities.

5.4.7 Further research is needed on the influence of food gardens in alleviating the vulnerability of rural women to HIV-infections. There is still a need to establish why some communities establish food gardens and why some do not. There is a need to find out why some women join and others refuse to join these food gardens, despite the abject poverty they live in.

5.4.8 There is a need to investigate the types of fruits and vegetables, the climate and the market conditions that can facilitate women's participation in food gardens.

5.5 CONCLUSION

This study shows that food garden projects can have far-reaching changes in the lives of rural women as far as their economic status and their psychosocial well-being is concerned. In fact, the food production project had a psychotherapeutic or healing impact on their lives, in the sense that it affected their vulnerability to HIV-infections.

LIST OF SOURCES

African Development Bank (ADB). 2004. *Bank group policy on poverty reduction*. Available at <http://www.afdb.org/pls/portal/docs/PAGE/ADB-ADM>. (Accessed on 12 June 2008).

Avert 2005. *HIV and AIDS in Botswana*. Available at <http://www.avert.org/aidsbotswana>. (Accessed on 22 March 2006).

Bamgose, OO & Kongolo, M. 2002. Participation of rural women in development: A case study of Tsheseng, Thintwana, and Makhalaneng Villages, South Africa. *Journal of International Women's Studies* 4 (1): 79-92.

Barbanti, O. 2004. *Development interventions and conflict*. Available at www.beyondintractability.org/essay/developmentinterventions/?nid=1159-40k. (Accessed on 24 July 2006).

Booyesen, JJ. Lemmer, AM. & Smith, ME. 1996. *Qualitative research in education*. Pretoria: UNISA.

Bosire, L, Metcalf, L, Lillienfeldt, C. & Wikler, B. 2001. *Youth and HIV and AIDS. Choices, leadership and survival*. Paper prepared for the Fourth World Youth Forum, Dakar.

CDC (Centres for Disease Control and Prevention). 2007. *HIV/AIDS and women*. Available at <http://www.cdc.gov/hiv/topics/women/resources/factsheet/women>. (Accessed on 19 April 2007).

Chamberlain, M & Thompson, P. 1998. Genre and narrative in life stories, in *Narrative and genre* edited by M Chamberlain & P Thompson. London: Routledge. pp. 1-23.

City Farmer. 1996. *The Food Garden foundation*. Available at <http://www.cityfarmer.org/EGF.html> (Accessed on 19 April 2006).

Cohen, D & Reid, E. 2006. *The vulnerability of women: Is this useful construct for policy and programming?* New York: United Nations Development Programme.

Commission on Human Rights. 2000. *Integration of the human rights of women and the gender perspective: Violence against women*. Available at <http://www.unhchr.ch/Huridocda/Huridoca.nsf/0/e29d45a105cd8143802568be0051fcfb?OpenDocument>. (Accessed on 19 April 2006).

Dunkle, KL, Jewkes, RK, Brown, HC, Gray, GE, McIntyre, JA. & Harlow, SD. 2004. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet* 363: 1415-1421.

Du Plessis, G. 2007. Unpublished pamphlet.

Education and Training Unit (ETU). (Sa). *Educating*

FAO (Food and Agricultural Organisation). 2006. *Promoting agro biodiversity and the transmission of local knowledge*. Available at <http://www.fao.org/hivaida>. (Accessed on 16 May 2007).

FGF (Food Gardens Foundation). 2007. *Food gardening*. Available at www.foodgardensfoundation.org.za/project-events-sacci.html (Accessed on 12 April 2008)

Food and Trees for Africa. 2007. *Food gardens foundation*. Available at <http://www.trees.org.za/gardening/foodgardens-foundation-78-18-0-0.html>. (Accessed on 26 September 2007).

Fredricksson, J & Kanabus, A. 2005. *The impact of HIV and AIDS on Africa*. Available at <http://www.avert.org/aidsimpact.htm>. (Accessed on 23 June 2006).

Garenne, ML Tollman, SM Collinson MA & Kahn, K. 2007. Fertility trends and net reproduction in Agincourt, rural South Africa, 1992-2004. *Scandinavian Journal of Public Health* 35 (69): 68-76.

Gillespie, S & Kadiyala, S. 2005. *HIV-AIDS, food and nutrition security: from evidence to action*. Washington: International Food Policy Research Institute.

Given Gain International. 2004. *Habitat for humanity South Africa*. Available at <http://www.givenngain.com/egi-bin/giga.cgi?emd=cause-dir-project&project-id=3928&>. (Accessed on 10 May 2007).

Glesne, C. & Peshkin, A. 1992. *Becoming qualitative researchers: An introduction*. New York: Longman.

Global Coalition on Women and AIDS. 2005. *Economic security for women*. Available at <http://womenandaids.unaids.org>. (Accessed on 07 April 2006).

Global Giving. 2006. *Capacity building: Urban farming and gardening*. Available at <http://www.globalgiving.com/pr/800/proj71kp.html>. (Accessed on 05 June 2007).

Golafshani, M. 2003. Understanding reliability and validity in qualitative research. *The Qualitative Report* 8(4): 597-606.

Greater Good South Africa, 2006. *Food from the home garden*. Available at <http://www.gretergoodsa.co.za/causes/catdisplay.jsp?article-id=1000073179>. (Accessed on 25 March 2007)

Greater Good South Africa. 2001. *The sowing and reaping a unique difference*. Available at <http://www.gretergoodssa.co.za/causes/featuredarticle.jsp?article-id=1000004198>. (Accessed on 15 June 2007).

Greece, A. 2000. *The economic role of women in agricultural and rural development: promoting income-generating activities*. London: CTA.

Gyekye, AB & Akinboade, OA. 2003. A profile of poverty in the Limpopo Province of South Africa. *Eastern Africa Social Science Research Review* 19 (2): 89-109.

HSRC (Human Science Research Council). 2002. *South African national household survey*. Cape Town: Human Sciences Research Council.

HSRC (Human Sciences Research Council). 2005. *South African national HIV prevalence, HIV incidence, behaviour and communication survey*. Cape Town: Human Sciences Research Council.

Interfund. 2004. *Developmental Update: From disaster to development? HIV and AIDS in Southern Africa*. London: Interfund.

IOM (International Organisation for Migration). 2003. *The trafficking of women and children in the Southern Africa*. Pretoria: IOM.

Journ-AIDS. 2008. *Gender and HIV/AIDS*. Available at <http://www.journaids.org/gender.php>. (Accessed on 10 June 2008).

Koitelel, PO. 2004. *Mainstreaming gender into HIV/AIDS action: Priorities for intervention focussing on women and girls*. Kiserian: Agency for Strategic Management & Development (AZTRAMADE).

Kormawa, AJ. 2006. *Impact of HIV/AIDS on African agriculture and the role of consultative group on agricultural research*. Cotonou: Africa Rice Centre.

Le Coeur, S, Im-Em, W. & Lelievre, E. 2002. *Vulnerability towards HIV and network support*. Paris: Institute for Population and Social Research, Mahido University.

Lee, S. 2004. *Assessing vulnerability of women street traders to HIV/AIDS: a comparative analysis of Uganda and South Africa*. Durban: University of KwaZulu-Natal.

Legodi, M. 2008. *Interview*. 17 January.

Louw, R. (Sa). *Makotse Women's Club Limpopo, South Africa*. (Unpublished).

Madison, D. 2005. *Critical ethnography: Method, ethics and performance*. Thousand Oaks, CA: Sage Publications.

Mantell, JE, Harrison, A, Hoffman, S, Smit, JA, Stein, ZA. & Exner, TM. 2006. The Mpondombili Project: Preventing HIV/AIDS and unintended pregnancy among rural South African school-going adolescents. *Reproductive Health Matters* 14(28): 113-122.

McFadden, P. 2003. Sexual pleasure as Feminist choice. *Feminist Africa* 2: 50-60.

McLanahan, SS. 1997. *The feminization of poverty: Past and future*. Princeton: Princeton University.

NetTel, 2006. *Macro environment and telecommunications*. Available at <http://cbdd.wsu.edu/kewlcontent/cdoutput/TR501/htm>. (Accessed on 24 April 2007).

Nyirenda, M, Hosegood, V, Bärnighausen, T. & Newell ML. 2007. Mortality levels and trends by HIV serostatus in rural South Africa. *Lippincott Williams & Wilkins* 21(6) S73-S79.

O'Donnell, M. 2004. *Food security, livelihoods and HIV-AIDS*. London: Save the children.

OSSREA (Organisation for Social Research in Eastern and Southern Africa) 2004. *Programming Social Science research on HIV/AIDS*. Available at www.toekomsverkennen.nl/doc/hiv/aids. (Accessed on 18 May 2008).

Patton, MQ. 2002. *Qualitative research and evaluation methods*. Thousand Oakes, CA: Sage Publications, Inc.

Poetrzyk, S. 2005. *AIDS and feminism*. Available at <http://jendajournal.com/issue7/pietrzyk.html>. (Accessed on 05 February 2007).

Preece, J. 2001. Gender power relations and the HIV/AIDS crisis in Botswana: Some food for thought. *Pula: Botswana Journal of African Studies* 15(2): 224-229.

Reuters, J. 2001. Virginity tests on comeback trial in South Africa. *Jenda: A Journal of Culture and African Women Studies* 1(1): 1-3.

Rural Centre for AIDS/STD Prevention (1996). *HIV infection and sexually transmitted diseases in female*. Available at: www.ph.ucla.edu/epi/faculty/publications/detels. (Accessed on 20 July 2007).

Rossman, J. 1995. *Violence against women*. Minnesota: National Research Council.

SADC (South African Developed Community), 2003. *Towards identifying impacts of HIV-AIDS on food security in Southern Africa*. Available at <http://reliefweb.int/rw/rwb.nsf/d6900SID/SODA-62AAUF?opendocument>. (Accessed on 19 September 2006).

SASIX (South African Social Investment Exchange). 2007. Food security projects. Available at <http://www.sasix.co.za/projects/index/?sector=fs> (Accessed on 14 November 2007).

Sambrook, B. 2005. *Addressing HIV/AIDS and gender in food*. Available at www.lcad-ciad-cisd.com/pdf/publication/E-MakingtheLink-AIDS-Agriculturez.pdf. (Accessed on 12 April 2007).

Simelane, S. 1998. *Teachers experience of education in Swaziland*. Unpublished MED dissertation. Johannesburg: Rand Afrikaans University.

Slow Movement and Community Gardens. 2008. *Connecting to food, people, and community*. Available at <http://www.slowmovement.com/community-gardens.php>. (Accessed on 26 March 2008).

Soanes, C. 2003. *South African Oxford dictionary*. Cape Town: Oxford University Press.

South African Government Information. 2007. *Social development*. Available at <http://www.info.gov.za/aboutsa/socialdev.htm>. (Accessed on 23 March 2007).

Stat Pac. 2007. *Sampling methods*. Available at: <http://www.StatPac.com/survey/sampling.htm>. (Accessed on 16 September 2007).

Stine, GJ. 2005. *AIDS Update*. San Francisco: Pearson.

Tallis, V. 2002. *Gender and HIV/AIDS*. Brighton: Institute of Developmental Studies.

Terre Blanche, M & Durrheim, K. 1999. *Social research*. Cape Town: University of Cape Town Press.

Thatu. 2004. *Food gardens*. Available at <http://www.thatu.org/htm>. (Accessed on 26 November 2006).

Department of Social Development. (2007). *Working to eradicate social risk and vulnerability in communities*. Available at

www.gvepinternational.org/file/543/%sdi%202007Annual%20Report (Accessed on 12 January 2008).

The Communication Initiative. 2005. *Promotion of sexual health: Recommendation for action*. Available at www.comminit.com/strategicthinking/st2005/thinking-988.html. (Accessed on 12 June 2006).

The Rural Development Institute. 2007. *Securing land rights for the world's poor*. Available at <http://www.rdiland.org/OURWORK/OurWork.html>. (Accessed on 25 March 2008).

Tolan, J. 2005. *Voices from rural South Africa*. Stanford: Roosevelt Review.

Trochim, MK. 2006. *Introduction to design*. Available at: <http://wwwsocialresearchmethods.net/kb/desintro.php> (Accessed on 04 June 2007).

UNAIDS (Joint United Nations Programme on HIV/AIDS). 2002 *Uniting the world against AIDS*. Available at <http://www.unaids.org/en/media>. (Accessed on 15 September 2007).

UNAIDS (Joint United Nations Programme on HIV/AIDS). 2006. *Uniting the world against AIDS*. Available at <http://www.unaids.org/en/getstarted/women.gsp> (Accessed on 25 April 2006).

UNDP (United Nations Development Programme). 2004. *Plant diversity, sustainable rural livelihoods and the HIV/AIDS crisis*. UNDP: Colombia.

UNIFEM (United Nations Development Fund for Women). 2005. *Progress of the world's women: women, work and poverty*. Available at <http://www.unifem.org/attachments/products/PoWW2005-eng.pdf> (Accessed on 10 June 2008).

UNIFEM. (United Nations Development Fund for Women). 2006. *HIV/AIDS, a gender equality and human rights issue*. Available at http://www.unifem.org/about/fact_sheets.php?StoryID=505 (Accessed on 23 May 2007).

USINF (International Information Programs). 2006. *Women from South African AIDS support groups in Washington*. Available at <http://usinf.state.gov/gi/archive/2006/mar/16-305342html> (Accessed on 22 March 2006).

Van Dalen, DB. 1979. *Understanding educational research: An introduction*. New York: McGraw-Hill.

Wilkinson, D, Floyd, K. & Gilks, CF. 1998. Antiretroviral drugs as a public health intervention for pregnant HIV-infected women in rural South Africa: an issue of cost-effectiveness and capacity. *Lippincott Williams & Wilkins* 12: 1675-1682.

WFP (World Food Programme). 2000. *Food for HIV*. Available at www.wfp.org/food-and/school (Accessed on 15 April 2008).

WFP (World Food Programme). 2008. *Nutrition key factor to treat AIDS patients*. Available at <http://www.wfp.org/english/?ModuleID=137&Key=1269> (Accessed on 11 March 2008).

APPENDICES

Appendix A: Consent form

Appendix B: Access letter

Appendix C: Interview schedule

APPENDIX A: CONSENT FORM

Hello, I am Matemane Lekganyane. I am a student in the M.A. Social Behaviour Studies in HIV/AIDS, the Department of Sociology, UNISA. As part of my studies I have to conduct interviews on how food gardens assist women in rural communities to reduce their vulnerability in getting infected in HIV.

Please understand that **your participation is voluntary** and you are not being forced to take part in this study. The choice of whether to participate or not, is yours alone. However, we would really appreciate it if you do share your ideas, feelings and thoughts with us on the topic. If you choose not take part in answering these questions, you will not be affected in any way whatsoever. If you agree to participate, you may stop at any time and tell me that you don't want to go on with the interview. If you do this there will also be no penalties and you will NOT be prejudiced in ANY way.

I will not be recording your name anywhere in the interview and no one will be able to link you to the answers you give to you personally. Only myself, as the researcher will have access to your identity and as a researcher I am professionally obliged to protect your identity. The information will remain totally confidential and it is only my supervisors and I who will have access to the information you are giving to me during the interviews. I may have some follow-up interviews to seek clarity or to enhance my understanding on the topic.

The interview will last about an hour but if you want to share more we can carry on. I will be asking you a few questions and request that you answer them as open and honest as possible. Some questions may be of a personal and/or sensitive nature and you may indicate if they do make you uncomfortable and you may choose not to answer them. I will also be asking some questions that you may not have thought about before and which also involves thinking about your involvement in certain or potential situations. There is no right or wrong answers, only your answers and experiences.

I want to ask your permission to record our conversation by using this audio tape recorder. It will assist me in accurately write down what we have been discussing. These tapes will also be treated with the utmost confidentiality.

I just want to confirm your willingness to participate in my state. Please say it out loud for recording purposes.

If you have any further inquiries please do not hesitate to contact us at:

Mr Leon Roets

Programme Convener, M.A. Social Behaviour Studies in HIV/AIDS

Department of Sociology

UNISA

Telephone Number: (012) 352 4116

Matemane Lekganyane

Cell phone Number: 082 674 416

CONSENT

I hereby agree to participate in research regarding the role of food gardens in reducing the vulnerability of women in rural communities to HIV infection

I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I understand that all my information will be treated with utmost confidentiality and I will be kept anonymous unless I provide written consent

I understand that this consent form will not be linked to the questions.

.....
Signature of participant

Date:

.....
Signature of researcher

Date:

Appendix B



MAKOTSE WOMEN'S CLUB
Reg: 069-730NPO

EMPOWERING OUR COMMUNITY
Enq: Legodi G.M (Director)
Cell: 082 5839 215
Telefax: 015 6334049
Email: makotseclub@webmail.co.za

P.O. Box 445
Lebowakgomo
0737

TO WHOM IT MAY CONCERN

PERMISSION TO DO RESEARCH

Makotse Women's Club is a NGO with projects like Bakery, Garden, Drop in centre, Creche and HCBC. It has given **Matemane Lehanyane** permission to conduct research with staff from Makotse Women's Club. Matemane is a student from UNISA doing M.A Social Behaviour studies in HIV/AIDS and we worked very well with her, again she is more welcomed even in the future.

Hoping for the best to her even to UNISA for giving us this opportunity to be part of the research.

Yours in development


Legodi G.M (Director)

APPENDIX C: INTERVIEW SCHEDULE

My name is Matemane Lekganyane. I am a Master's student at University of South Africa (UNISA). This research follows the university's requirements and I assure you that any information you will supply will be treated with absolute confidentiality. The intention of the study is to see if food gardens influence the vulnerability of women who are participating in this project at Makotse Women's Club to HIV-infections.

The interview should take about 20 minutes. Are you available to answer a few questions now?

Yes	No
Go ahead with informed consent	1.Make an appointment for another date 2. The person declined/refused participation

The interview will be tape-recorded. The reason for this is so that I have a copy of everything that you have said. I will keep the tapes in a safe place. As I will write up what you have told me to write my report, I promise you that I will be the only person who will ever listen to the tapes. Do I have your permission to:

	Yes	No
Interview you now?	Consented	Refused (Reasons)
Interview you later?	Consented	Refused (Reasons)
Tape-record our interview?	Consented	Refused. (Reasons)

Let me start by asking you some questions about yourself.

A. Biographical information

1. Where do you live?
 - 1.1. Is it far from here? (Tell the time it takes to travel)
2. How old are you?
3. Are you married?
 - 3.1. For how long have you been married?
 - 3.2. Is your husband staying with you every day?
 - 3.3. If not, can you please tell me more?
 - 3.4. Please tell me more about your marriage life.
4. Do you have any children?
 - 4.1. How old are your children?
 - 4.2. Tell me please, starting with the youngest child, is it a boy or a girl?
(Probe for each child mentioned in 4.1)

- 4.3. Are all of your children staying with you?
- 4.4. Where do they stay?
- 4.5. Have any of your children passed away in the last 2 years?

B. Now I would like you to tell me about your involvement here at the Makotse Women's Club.

1. How did you get involved with the organisation?
 - 1.1. When was it?
2. How many people are involved with the organisation?
3. Do you enjoy working here?
 - 3.1 Why do you enjoy working here?
 - 3.2 What makes you unhappy about working here?
4. What do you feel personally that you get from being involved with this organisation?
5. How do they help you?
- 6 Will you keep on working with this organisation?
 - 6.1 Reasons for answer at 6.

C. Now I want to talk about the food garden project

1. Can you tell me what the food garden project is all about?
2. What do people do there?
3. Are you involved with the food garden project here at Makotse Women's Club?
4. What made you decide to get involved with the food gardens?
5. What do you do in the food gardens? (Please describe a typical day to me)
6. Do you feel that you benefit from food gardens?
 - 6.1. How do you benefit? Tell me more.
7. What are other benefits of being involved in the food gardens?
8. Will you keep participating in food gardens?
 - 8.1. What will make you to keep participating in food gardens?
9. How does the community benefit from the food gardens?
10. What are the benefits of food gardens especially to the people who are living with HIV?

D. Now I would like us to talk about HIV and AIDS

1. Have you ever heard about HIV?
2. Have you ever heard about AIDS?
3. Who told you about it and what did they say?
4. Does Makotse Women's club have HIV and AIDS activities?
 - 4.1. What do they do about it?
 - 4.2. What types of activities?
 - 4.3 Where you involved with any of them? Please tell me more
5. Since hearing about HIV and AIDS here at Makotse Women's Club how did it change you life?
6. What do you share with the other women here at Makotse Women's club about HIV and AIDS?
7. Do all these women share the same issues? Please tell me more.
8. Is it easy for you to talk about HIV and AIDS with other people?

E. Thank you for telling me about HIV and AIDS. I would like us to now look at the food gardens and how it influences your experiences about HIV and AIDS.

1. Since you becoming involved with food gardens, were you able to talk about HIV and AIDS with your husband?
 - 1.1. If yes may I please ask you to tell me what do you discuss with your husband concerning HIV and AIDS?
2. As you have heard that one way to prevent HIV is to use safer sex methods like condoms. Is it easy for you to do this at home?
 - 2.1. What is the reaction of your husband?
 - 2.2. How do you cope or deal with it?
3. Do you feel that your involvement with food gardens helped you to prevent getting infected with HIV?
 - 3.1. How please tell me?
4. What would you advice women in the similar situation like yourself about HIV and AIDS?
5. What do you know about healthy eating?
6. Do you take any food back home with you?
7. Through the intervention of food gardens, do you feel that people's diet have changed for the better? Can you tell me more?
8. Does the food help with disease like influencer and HIV and AIDS?
9. Does the organisation teach you how to prepare the food?

F. Closure

Is there anything else that you would like to add to what we have already discussed?

G. Words of thanks

I appreciate the time you took to be a part of this study. Again, I promise you that everything you have said is confidential.